

- c. Wells associated to each bond
- 3. Contacts
 - a. Company
 - b. Lease
 - c. Well
- 4. Lease
 - a. Lease responsible party history
 - b. Permits associated to lease (new)
 - i. Permit number
 - ii. Legacy permit number
 - iii. Authorized status
 - iv. Associate (move wells to a different production unit – unitization, lease, production unit)
 - c. Wells associated to lease
 - i. API number
 - ii. Well type
 - iii. Well status
 - iv. Well status date
 - d. Oil/gas production associated to lease
 - i. Record
 - ii. Lease
 - iii. Company
 - iv. Month
 - v. Year
 - vi. Oil (bbl)
 - vii. Oil (\$/bbl)
 - viii. Gas (mcf)
 - ix. Gas (\$/mcf)
 - x. Water (bbl)
 - xi. API gravity
 - xii. Number of production wells (on lease)
 - xiii. Total number of active production wells (on lease)
 - xiv. Total number of inactive production wells (on lease)
 - e. Water disposal associated to lease
 - i. Month
 - ii. Year
 - iii. Disposal method
 - iv. Water type
 - v. Water (bbl)
 - vi. Associate (move wells to a different production unit – unitization, lease, production unit)
- 5. Production

- a. Record
- b. Lease
- c. Company
- d. Month
- e. Year
- f. Oil (bbl)
- g. Oil (\$/bbl)
- h. Gas (mcf)
- i. Gas (\$/mcf)
- j. Water (bbl)
- k. API gravity
- l. Number of production wells (on lease)
- m. Total number of active production wells (on lease)
- n. Total number of inactive production wells (on lease)
- 6. Disposal
 - a. Company
 - b. Lease
 - c. Disposal Month
 - d. Disposal Year
 - e. Disposal method
 - f. Water type
 - g. Water (bbl)
- 7. Associate (move wells to a different production unit – unitization, lease, production unit)
- 8. Permit
 - a. Permit number
 - b. Approved average daily pressure
 - c. Approved maximum daily pressure
 - d. Proposed depth
 - e. Required logs
 - f. Permit activity
 - g. Comments
 - h. Other various well and injection permit information
 - i. Wells associated with permit
- 9. Well
 - a. Well information
 - b. Status
 - c. Reconstruction
 - d. Well location
 - e. Well logs
 - f. Borehole and casing record
 - g. Perforation record

- h. Well stimulation
- i. Cement squeeze record
- j. Initial production
- k. History of responsible party
- l. Permits associated with well
- m. Inspections
 - i. Violations
 - ii. Enforcements
- n. MITs
- o. Injection

2. How and who enters new information and/or updated well information into this system?

Energy Resources Unit staff members (oil and gas/UIC 1422 program) enter data.

3. Typically how soon is the information added?

Within one or two days from receipt of information.

4. Are there other entities who have access rights for entering information into the system?

No.

5. Does the system at this time allow for the inputting of directional information on horizontal wells, i.e. how many legs from the well pad, which direction and/or how many degrees, depth, etc.?

No.

6. Is the information contained in electronic data system available to the public and if so, how?

Yes.

- Missouri Geological Survey internet webpage

<https://dnr.mo.gov/geology/geosrv/>

- GeoSTRAT

<https://dnr.mo.gov/geology/geostrat.htm>

- Oil and Gas in Missouri internet webpage
<https://dnr.mo.gov/geology/geosrv/oilandgas.htm>

- Oil and Gas Permits Database

<https://dnr.mo.gov/geology/geosrv/ogc/ogc-permits/>

- Downhole Stratigraphic and Geophysical Logs Database

<https://dnr.mo.gov/geology/geosrv/ogc/oilandgaslogs.htm>

- GeoSTRAT

<https://dnr.mo.gov/geology/geostrat.htm>

- Data and Reports Section
 - Oil and Gas Production (1928 - 08/09/18) - Cumulative Data
 - Oil and Gas Wells (updated 08/13/2018)
 - Oil Production by Barrel and Value (2007 – 2017)
 - Gas Production Data by Thousand Cubic Feet (MCF) and Value (2012 – 2015)

7. What progress or problems is the State having in the data entry area?

The O&G database application was built (coded) to specifications dictated by EPA to flow data to EPA HQ. Now that the node is no longer in use, the O&G database application design needs to be rebuilt (recoded) to meet the needs and usage of MGS. There is a significant amount of data captured and hierarchical coding that is no longer needed.

With use of the O&G database application, insight into additional data capture requirements, insignificant data currently captured, additional data currently uncaptured, inadequacy of cell designation descriptions, need for archival tables, need for toggles necessary for reporting, reorganization of some data cells, and other maintenance issues have become apparent.

Progress is slowly being made on maintenance and update needs to the O&G database application.

Q. Communication/Coordination:

1. How does the State facilitate communication with other local, state, federal, or Non Governmental Organizations?

- The state predominantly uses email to communicate with other local, state, federal, or Non-Governmental Organizations.
- EPA UIC/4 State meetings
- Groundwater Protection Council Annual Conference
- Groundwater Protection Council Annual Forum
- Email and USPS communications
- Oil and Gas Council meetings
- Site visits

R. Resources:

1. Does the State foresee in the near future problems in meeting their current workplan goals and projections?

At this time Missouri does not foresee problems in meeting the current goals and projections.

2. Are current funding levels for staff adequate for full UIC program implementation?

The current funding levels for staff are adequate to meet workplan goals and projections. Any funding increases would allow better implementation of field inspections and compliance and enforcement related activities.

3. How many field inspectors total does the State employ for UIC inspection activities?

For the 1425 UIC Program, Missouri employs one field inspector.

I. MDNR On-Site Reviewed Application and Inspection Examples

FILE #1: ~~6/15/2013~~ ~~037-21320~~ Permit #: 21320 • KANSAS RESOURCES EXPLORATION - DEVELOPMENT
Date: 7/3/2013 LLC •

NOTE: PROPOSED MAX RATE? PRESSURE NOT INCLUDED IN PUBLIC NOTICE (BASED ON NEW PRESS)
LOOKED GOOD

FILE #2: ~~JOHNSON, BRYAN RES TRS~~ ~~173533~~ COLT ENERGY, INC

Permit #: 217-22822

DATE: 02/1/12

NOTES: LOOKED GOOD

FILE #3: RUNWAY FOXES PETROLEUM

Permit #: 22850

DATE: 5/2/2013

NOTES: LOOKED GOOD

FILE #4: LACLEDE GAS COMPANY

PERMIT#: 20042

DATE: 7/7/71

NOTES LOOKED GOOD

FILE #5: SIB OPERATING LLC

PERMIT#: ~~7/3/13~~ 21193

DATE: 7/3/13

NOTES: LOOKED GOOD

FILE #6: ALTAVISTA ENERGY, INC

PERMIT#: 21438

DATE: 2/17/12

NOTES: LOOKED GOOD [NEW PROCESS, THIS ISN'T INDICATIVE OF CURRENT PRACTICES]

J. MDNR Program Evaluation On-Site Review Response to EPA

2019 MDNR Program Evaluation On-site Review.

Requested information:

- What MOU's or MOA's are being updated;
 - **There are no MOU's or MOA's currently being updated.**
- A list or paragraph of UIC related accomplishments/highlights;
 - **The following is a list of Missouri's notable UIC related accomplishments/highlights:**
 - 1. Development of and enhancements to the new UIC database for Class II and Class V wells.**
 - 2. Data review and entry of 6,630 additional UIC Class V (hazardous waste, heat pump, improved sinkhole, industrial drainage, mine backfill, septic system, storm water drainage, surface remediation) wells since 2015**
 - 3. The addition of a UIC Class II well layer and Total Dissolved Solids (TDS) map layers to MDNR's online Geosciences Technical Resource Assessment Tool (GeoSTRAT).**
 - 4. The attachment of well-related down-hole logs and documents to all UIC Class II wells in GeoSTRAT layer.**
 - 5. Increased dialog and cooperative efforts between Missouri UIC 1422 Program entities (Water Protection Program, Environmental Remediation Program, Waste Management Program, Well Installation Section, Department of Health and Senior Services, and 80 county health departments)**
 - 6. Conducted an audit of UIC Class II financial assurance instruments and verification that financial assurance instruments are still active.**
 - 7. Performed a comprehensive re-write of Missouri's oil and gas regulations effective February 29, 2016.**
 - 8. Conducted a red-tape reduction affecting Missouri's oil and gas regulations which resulted in new oil and gas regulations effective February 28, 2019.**
 - 9. Created completely new forms to suit the oil and gas regulations effective February 29, 2016, and updated forms as necessary to suit the new oil and gas regulations effective February 28, 2019.**
 - 10. Staff attended various Groundwater Protection Conferences and Forums, EPA Region 7/Four State meetings, and training as resources allowed.**
 - 11. Staff is a member of and actively participates in the National Technical Workgroup.**

- Updated 1422 and 1425 organizational charts;
 - **The updated Missouri UIC 1422 Program organizational chart is as follows:**

Missouri Geological Survey:

Joe Gillman, Director and State Geologist

Amber Steele, Director - Geological Survey Program

Connie Edwards, Executive II; 1422 UIC Program financial assurance receiving, record maintenance, and auditing.

Sherri Stoner, Chief - Environmental Geology Section; UIC Program administration.

Chris Vierrether, Geologist IV, Missouri UIC Program Coordinator; 1422 UIC Program coordination and management; 1422 UIC Program reporting to EPA; 1422 UIC Program well data acquisition, data management, well inventory collection and update, modifications to aquifer inventory, public awareness, data retrieval, and technical assistance and support.

Jeremiah Jackson, Chief - Environmental Assistance Unit; Supervise and coordinate geohydrologic site characterizations and assessments performed for UIC related projects.

Fletcher Bone, Geologist; Perform geohydrologic evaluations and document reviews for UIC related projects.

John Corley, Geologist; Perform geohydrologic evaluations and document reviews for UIC related projects.

Kirsten Schaefer, Geologist; Perform geohydrologic evaluations and document reviews for UIC related projects.

Molly Starkey, Geologist; Perform geohydrologic evaluations and document reviews for UIC related projects.

Brenna McDonald, Chief - Subsurface Investigations and Waste Management Unit; Supervise and coordinate geohydrologic site characterizations and assessments performed for UIC related hazardous waste projects.

Peter Bachle, Geologist; Perform geohydrologic evaluations and document reviews for UIC related hazardous waste projects.

Terry Hawkins, Geologist; Perform geohydrologic evaluations and document reviews for UIC related hazardous waste projects.

Kyle Rollins, Chief - Well Installation Section; Coordinate compliance and enforcement for 1422 UIC Program well construction and plugging of specific Class V well types (i.e., groundwater remediation wells, heat pump/air conditioning return flow wells, and abandoned water wells used for waste disposal).

Dan Nordwald, Technical Assistant IV; 1422 UIC Program field inspections.

Justin Davis, Chief – Investigation and Remediation Unit; Ensure compliance for 1422 UIC Program well construction and plugging of specific Class V well types (i.e., groundwater remediation wells, heat pump/air conditioning return flow wells, and abandoned water wells used for waste disposal).

Andrew Combs, Environmental Specialist III; 1422 UIC Program heat pump record review.

Cathy Smith, Geologist II; 1422 UIC Program monitoring remediation well record review.

Michelle Oglesby, Environmental Specialist III; 1422 UIC Program enforcement.
Karen Smith, Administrative Office Support Assistant; 1422 UIC Program well violation case coordinator and compliance assistance.

- **The updated Missouri UIC 1425 Program organizational chart is as follows:**

Missouri Geological Survey:

Joe Gillman, Director and State Geologist

Amber Steele, Director - Geological Survey Program

Connie Edwards, Executive II; 1425 UIC Program financial assurance receiving, data entry, record maintenance, and auditing.

Dolly Howard, Administrative Office Support Assistant; 1425 UIC Program data entry.

Sherri Stoner, Chief - Environmental Geology Section; UIC Program administration.

Chris Vierrether, Geologist IV, Missouri UIC Program Coordinator; 1425 UIC Program coordination and management; 1425 UIC Program reporting to EPA; 1425 UIC Program well data acquisition, data management, well inventory collection and update, modifications to aquifer inventory, public awareness, data retrieval, and technical assistance and support.

Kyle Rollins, Chief - Well Installation Section; Coordinates compliance and enforcement for well construction and plugging of 1425 UIC Program Class II wells.

Dan Nordwald, Technical Assistant IV; 1425 UIC Program field inspections.

Justin Davis, Chief - Investigation and Remediation Unit; Ensure compliance for well construction and plugging of 1425 UIC Program Class II wells.

Aaron Szapa, Oil and Gas Geologist; 1425 UIC Program document review and assessment, setting injection specifications, presenting alternative solutions for well construction and rule divergence issues, well permitting, compliance assistance, and witnessing well testing.

Michelle Oglesby, Environmental Specialist III; 1425 UIC Program enforcement.

Karen Smith, Administrative Office Support Assistant; 1425 UIC Program well violation case coordinator and compliance assistance.

- 1422 regulatory changes, if any (Chris V. will send 1422 crosswalk to Jeff City);
 - **Per correspondence with Ben Meissner (EPA R7), the UIC 1422 and 1425 crosswalks are currently being addressed and will be submitted at a later date.**

- Confirmation of Class V well inventory numbers; and
 - Confirmation of the UIC 1422 Program well inventory numbers was sent to EPA R7 via email dated January 15, 2020 as follows:

Brent

Inserted in the table below, the figures in red are current values as of 1/15/2020.

Well Type	Number ¹	Number (as of 1/15/2020)
Abandoned Water Well Used For Disposal of Waste	503	503
Aquifer Recharge Well	10	10
Automobile Service Station Disposal	43	42
Heat Pump/Air Conditioning Return Flow	274	257
Improved Sinkhole	1,004	1,003
Industrial Drainage Well	73	73
Mine Backfill Well	162	158
Septic System Drainfield Disposal Method (mostly regulated by DHSS)	4,736	4710
Septic System Well Disposal Method	11	11
Storm Water Drainage Well	7	7
Subsurface environmental remediation	3,862	3,856

As discussed in our phone conversation today, the discrepancy in the values reported with the comprehensive 1422 program review questionnaire submission and the values extracted from our database results from a combination of all of the following:

1. The values submitted with the 1422 program questionnaire were pulled from our database probably in April, two months before the submission of the questionnaire.
2. During April to June 2020, new records were being added to the database.
3. During April to June 2020, existing records were being edited to correct well type and well status information.
4. The values you used for comparison were obtained from our database in June 2019, which exhibits a lag time between the data submitted versus the data you pulled for comparison.

- Program evaluation questionnaire follow-up questions:
 - 1425: Injection pressures, Q5 - How frequently are these pressures reported to the State and how long is the monitoring report maintained by the owner/operator and the State?
 - a) **If the owner/operator is compliant with the regulations, the frequency of the injection pressures reported to the state are annually per 10 CSR 50-2.080. If the owner/operator exceeds the maximum injection pressure, the reporting frequency may increase as deemed necessary as result in additional compliance monitoring per 10 CSR 50-2.055(9)(D).**
 - b) **The injection pressure monitoring report must be maintained by the owner/operator for a period of five years per 10 CSR 50-2.080(1)(B). The state must retain and make available the injection pressures for a period of at least five years per 10 CSR 50-2.080(4). State retention of injection documentation is permanent.**
 - 1425: Seismicity, Q6 - Does the State require or evaluate the need for the following measures pertaining to the help mitigate the potential for induced seismicity: Submission, at time of permit application, of any available information concerning the existence of known geological faults within a specified distance of the proposed well location, and submission of a plan for monitoring any seismic activity that may occur?
 - a) **The state does evaluate the need for additional available information, including structural, upon reviewing a permit to drill, deepen, plug-back, or recomplete per 10 CSR 50-2.030(6)(C), and upon reviewing a permit to inject or modify an existing injection permit per 10 CSR 50-2.055(6)(C). Since injection historically has been at approximately 250 to 1,000 feet in depth which is far removed from the existing basement rock. No seismic activity monitoring plans have been required.**
 - 1425: Compliance, Q2 - How long does/can this emergency authority to inject or dispose fluids at an alternate location last?
 - a) **The emergency authority granted by the state geologist to inject or dispose fluids at an alternate location can last for a time period as deemed necessary by the state geologist, provided:**
 - 1) **The state geologist determines that injection into the alternate site does not pose a threat to the surface or subsurface environment per 10 CSR 50-2.055(6)(C); and**
 - 2) **The owner/operator of the injection well is making reasonable efforts and progress to resolve the issue(s) that created the emergency.**

Requested documents: The following documents will be uploaded onto an MDNR exchange drive from where they may be retrieved. You will automatically receive an email notifying you files are available to download and will also contain the necessary instructions for document retrieval.

- 2000 MOU between the Water Protection Program and the Solid Waste Management Program;
- 2004 MOU between the Water Protection Program and the Hazardous Waste Program;
- Missouri's "Hydrogeologic Site Characterization" state guidance document or a weblink to the document; and
- Missouri's QMP for environmental data collection.

MDNR Program Evaluation On-Site Review Attendance List: 12/12/2019

Name	Org.	Position	Phone
Mary Mindrop	EPA-R7	Chief of Groundwater Drinking Water	913-551-7431
Logan Cole	MDNR	Clean Water Compliance & Enf.	573-751-6725
Joel Beschly	DNR	Legal Counsel	573-526-1416
Michael Abbott	MDNR	Chief Operating permit section	573 526 5781
Chris Wieberg	WPP-MDNK	Director	
Enaz Siam: Irdemoosa	WMP-MDNR	Env. Engineer	573-751-7969
Amber Steele	DNR-MGS	Geological Survey Program	
Sherri Stoner	DNR-MGS	Env. Geology Section Chief	573-368-2131
Chris Vierrethier	DNR-MGS	Env. Geology Section	573-568-2331
Amanda Sifford	DNR-Audit	Auditor	573-522-6857
Jillian Hunt	DNR-WMP	Project Manager	(573) 751-6796
Lera Cable	DHSS-OWTP	HPR II	573-526-1466
ERIC FOXS	DHSS-OWTP	Program Manager	573-751-6095
Bobbie Pennington	DNR-ERP	UTC coordinator	573-522-2093
John Jurgensmeyer	DNR-ERP	Director	573-751-3176
BEN MEISSNER	U.S. EPA-REGION 7	R7 UIC STAFF	913-551-7992
Brent Campbell	U.S. EPA-R7	R7 UIC STAFF	913-551-7889
KURT HILDEBRANDT	U.S. EPA-R7	R7 UIC STAFF	913-551-7413
MARY MINDROP	U.S. EPA-R7	GAD BRANCH MANAGER	913-551-7143

K. MDNR Comment Letter on EPA Review of UIC Program Comprehensive Review



May 12, 2020

Mr. Jeffrey Robichaud, Director
Water Division
United States Environmental Protection Agency
Region 7
11201 Renner Boulevard
Lenexa, KS 66219

Dear Mr. Robichaud:

On February 21, 2020, the Missouri Department of Natural Resources (Department), Division of Environmental Quality (DEQ), and Missouri Geological Survey (MGS) received a draft report of the U.S. Environmental Protection Agency (EPA) Region 7 evaluation of the Department's Underground Injection Control (UIC) program. The draft report compiles the results of the detailed review conducted on December 11 and 12, 2019, by EPA Region 7 staff.

Thank you for providing the Department an opportunity to comment on the draft report. Please find below our comments.

1. Page 1, Paragraph 4, Line 7: In addition to the Water Protection and Environmental Remediation Programs, the Department's Waste Management Program also assists in overseeing the 1422 program.
2. Page 2, Paragraph 3, Line 1: Class 1 wells are banned in Missouri. Enforcement of this prohibition is by DEQ.
3. Page 2, Paragraph 8, Line 3, and Page 3, Paragraph 1, Line 1: It states that MDNR and the MGS recently used Light Detection and Ranging (LiDAR) to identify improved sinkholes used for disposal purposes. This is a partially correct statement, in that LiDAR has been used to help identify sinkholes in the southern part of the state, however, not for the purpose of identifying sinkholes that are used as disposal wells. At this time, we are unable to differentiate between a sinkhole and an improved sinkhole using LiDAR. In addition, noting both MDNR and the MGS is redundant as MGS is a division within MDNR. For clarity, it is suggested to either solely reference MDNR or indicate MGS and the specific entities within the Department.
4. Page 3, Paragraph 5, Lines 2 and 3: The 2000 and 2004 Memorandums of Understanding listed have been superseded by the 2019 UIC Permits at Remediation Sites document.



5. Page 3, Paragraph 6, Lines 1 and 2: There are six regional offices, including the Central Field Operations (CFO). For accuracy, the CFO is housed in the Lewis and Clark State Office Building in Jefferson City with the Water Protection Program (WPP) and not in Rolla as stated. The CFO operates within a regional territory of nine counties in central Missouri, acting like a regional office.
6. Page 5, Paragraph 2, Lines 10 and 11: Missouri Oil and Gas regulations do not require monthly reporting of injection activities as stated. Only annual reporting of injection activities is required.
7. Page 7, Figure 3 titled "Class V Inventory vs. Inspections": The legend lists "Sum of Class 5" and "Sum of Class V Inspections." For clarity, it is suggested to revise the legend "Sum of Class 5" to "Sum of Class V" to maintain the consistency in the naming convention. Also, for clarity, it is suggested to use only a single term to identify Class V wells throughout the document.
8. Page 8, Paragraph 1: The paragraph does not appear to accurately capture the Department's processes. For clarity, perhaps the paragraph requires a re-write to more precisely convey the regulatory dynamics of the agencies. The Department offers its assistance with the re-write.
9. Page 8, Paragraph 3: The paragraph does not appear to accurately capture the Department's permitting processes as the different permit types and processes are comingled, thereby creating confusion. The Department offers its assistance with a re-write of this paragraph.
10. Page 8, Paragraph 3, Lines 5 and 6: For clarity, the completeness of the Class II permit applications are determined by the state geologist pursuant to 10 CSR 50-2.030(6). Staff from the MGS's Well Installation Section oversees regulations for Class II injection wells.
11. Page 8, Paragraph 3, Line 15: The statement implies that an operator has either 30 days to submit missing information **or** the 15 day review period will start again. To clarify, the operator must submit the missing information within 30 days **and** then the 15 day review period will begin.
12. Page 8, Paragraph 4, Line 1: It is unclear as to the type of injection well referenced in this statement. The statement is true for Class II injection wells, but appears inaccurate for Class V wells permitted by the Water Pollution Control Branch (WPCB). The WPCB would modify the permit rather than terminating the existing permit and issuing a new permit. The Department offers its assistance with a re-write if needed.
13. Page 8, Paragraph 4, Line 2: It is unclear as to the type of injection well referenced in this statement. The statement is true for Class II injection wells, but appears inaccurate for Class V wells permitted by the Department's WPCB. The Department offers its assistance with a re-write to better capture the agency's program-specific applications.
14. Page 9, Paragraph 3, Lines 2, 3 and 4: There is no exemption of the 165 feet rule per 10 CSR 50-2.090(2). Fluid disposal wells cannot be placed closer than 165 feet from the property boundary.

15. Page 10, Paragraph 1, Line 1: For clarity, it is suggested replacing “Water permits within WPP” with “Missouri State Operating Permits (MSOP) issued by the WPCB” to make the distinction between drinking water permits and clean water permits.
16. Page 10, Paragraph 1, Line 5: For clarity, it is suggested replacing WPP with WPCB to maintain the consistent distinction between drinking water and clean water.
17. Page 10, Paragraph 1, Line 8: The term “response time” is unclear whether it refers to the time it takes the Department to issue a permit after public notices of proposed decisions or the time it takes the Department to receive comments.
18. Page 15, Paragraph 5, Line 1: For clarity, although WPP is likely to be the most visible to permittees, compliance assistance is also provided by MGS, the Department’s Waste Management and Environmental Remediation Programs, and the Missouri Department of Health and Senior Services.
19. Page 16, Paragraph 2, Lines 8 through 11: These sentences do not appear to accurately express the WPCB’s inspection process. The WPP offers the following suggestion to re-write these lines. “Class V inspections conducted within the WPP are periodic and are solely focused on compliance with the MSOP and the Missouri Clean Water Law and its implementing regulations. WPCB inspectors are not versed in the Safe Drinking Water Act and are not expected to evaluate compliance with UIC regulations. WPCB inspectors are trained to evaluate compliance with the MSOP conditions and the Missouri Clean Water Law and its implementing regulations.” If this suggested re-write is not acceptable, the Department offers its assistance as needed.
20. Page 16, Paragraph 6: The paragraph does not appear to accurately capture Missouri’s UIC enforcement process. For clarity, perhaps the paragraph requires a re-write to more precisely convey Missouri’s enforcement process. The WPP offers the following suggestion to re-write this paragraph: “Enforcement is handled differently throughout the various agencies and programs comprising Missouri’s UIC program. Typically, unresolved violations are managed through a process of compliance assistance and enforcement escalation. The compliance assistance process typically begins with informational actions such as letters of warning to promote voluntary compliance. Enforcement action may escalate to notices of violation that require specific corrective actions. If compliance is not attained through these actions, the enforcement process typically further escalates to formal actions such as administrative orders to compel compliance or civil litigation. Formal enforcement actions, both administrative and civil, may include penalties.” If this suggested re-write is not acceptable, the Department offers its assistance as needed.
21. Page 18, Figure 7, The Significant Non-Compliance Violations by Type: 2015 – 2019 graph: The graph indicates twenty (20) injection pressure violations for Class V wells have occurred. However, no Class V wells from 2015 to 2019 have received a significant noncompliance violation for injection pressure violations.

Mr. Jeffrey Robichaud
Page Four

22. Page 18, Paragraph 2, Lines 1, 2 and 3: The MGS utilizes an internal UIC Oil & Gas database to track and catalog information. The information is then used for EPA reporting requirements. Only MGS staff enters and updates information in the database.

If you have any questions, please contact Christopher Vierrether, Missouri Underground Injection Control Coordinator of the Department's Missouri Geological Survey at P.O. 250, Rolla, MO 65402, by email at chris.vierrether@dnr.mo.gov, or by telephone at 573-368-2370.

Sincerely,

MISSOURI GEOLOGICAL SURVEY

Christopher Vierrether, RG
Missouri Underground Injection Control Coordinator

c: Joe Gillman, Director, Missouri Geological Survey
Ed Galbraith, Director, Division of Environmental Quality

L. MDNR Additional Correspondence and Response

Section intentionally left blank.

M. MDNR Organizational Structure

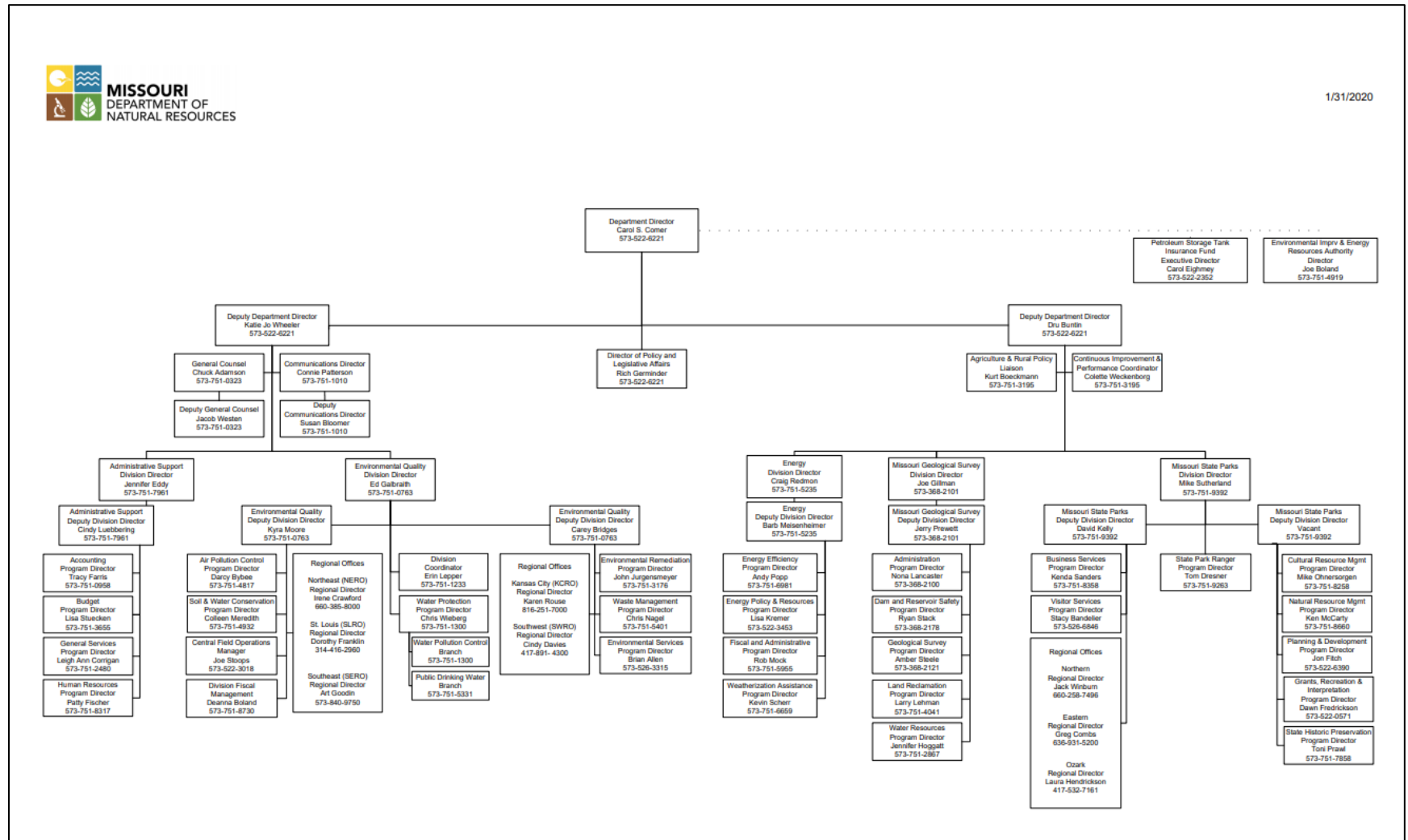


Figure 1 MDNR Organizational Chart as of 01/31/2020

N. MDNR Forms



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

OIL AND GAS ANNUAL INJECTION WELL MONITORING REPORT

NOTE: This report must be submitted for each injection well listed on the Oil and Gas Annual Well Inventory Report.

WELL IDENTIFICATION INFORMATION				
NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS INJECTION WELLS IN MISSOURI				OPERATOR LICENSE NUMBER
PRODUCTION UNIT (LEASE OR SURFACE UNIT NAME)			API NUMBER	WELL NUMBER
MONTHLY WELL INFORMATION (RECORD INJECTION RATE AND INJECTION PRESSURE AT LEAST MONTHLY WITH THE RESULTS SUBMITTED ANNUALLY)				
Month	Maximum daily injection rate (bpd, gpm)	Maximum wellhead injection pressure (psig)	Barrels per month of injected fluid	Remarks
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

MO 780-0208 (2-18)

SEND COMPLETED FORM, BY MARCH 1, TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY,
GEOLOGIC RESOURCES SECTION, PO BOX 250, ROLLA, MO 65402 PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: oilandgas@dnr.mo.gov

Form 1: [780-0208](#)



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
OIL AND GAS COMMERCIAL OPERATOR'S LICENSE
APPLICATION

FOR OFFICE USE ONLY

PROCESSED BY	DATE RECEIVED
CHECK NUMBER	CHECK AMOUNT
LICENSED CALENDAR YEAR	LICENSE NUMBER

APPLICATION TYPE

☐ New ☐ Renewal ☐ Information Update Only (Certificate of registration and fee not required)

BUSINESS INFORMATION

NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS OIL AND GAS WELLS IN MISSOURI				OPERATOR LICENSE NUMBER (IF RENEWAL OR UPDATE)	
MAILING ADDRESS	COUNTY	CITY	STATE	ZIP	
PHYSICAL ADDRESS (IF DIFFERENT THAN ABOVE)			PRIMARY PHONE NUMBER WITH AREA CODE		
IF A NAME CHANGE OR REORGANIZATION, GIVE NAME OF PREVIOUS ORGANIZATION					

OFFICER INFORMATION – PRINCIPAL OFFICER(S) OR PARTNERS

Name	Title	Primary Phone Number with Area Code	Email Address
		EXT.	
		EXT.	
		EXT.	

CORRESPONDENCE CONTACT INFORMATION (IF DIFFERENT THAN ABOVE)

Name	Title	Primary Phone Number with Area Code	Email Address
PRIMARY		EXT.	
SECONDARY		EXT.	
OTHER		EXT.	

METHOD OF PAYMENT

<input type="checkbox"/> Check or Money Order (Please enclose check, payable to Department of Natural Resources, with submitted form.)	AMOUNT DUE
<input type="checkbox"/> Credit Card (Transaction fee applies.) (Please attach contact information of person authorized to make transaction.)	\$250.00
<input type="checkbox"/> Automated Clearing House (Please attach contact information of person authorized to make transaction.)	

CERTIFICATION

I, the undersigned, certify that:

- I am authorized by said business to make this report.
- The facts stated herein are true, correct and complete to the best of my knowledge.
- I understand that after any change occurs as to facts stated in this report as submitted and filed, a supplementary report shall be filed with the state geologist with respect to such change within thirty (30) calendar days after the effective date of change.
- I have read and am in agreement that this business will comply with the statutes, rules and provisions pursuant to Chapter 259, RSMo, and the Missouri Code of State Regulations Oil and Gas Council Rules 10 CSR 50.

PRINT NAME	PRINT COMPANY NAME
SIGNATURE	DATE

FOR OFFICE USE ONLY

APPROVED BY	DATE
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MO 780-0209 (2-18)

SEND COMPLETED FORM ALONG WITH \$250 LICENSE FEE BY JANUARY 1 TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES,
MISSOURI GEOLOGICAL SURVEY, GEOLOGIC RESOURCES SECTION, PO BOX 250, ROLLA, MO 65402
PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: oilandgas@dnr.mo.gov

Form 2: [780-0209](#)



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

OIL AND GAS WELL EXTENDED SHUT-IN
STATUS APPLICATION

FOR OFFICE USE ONLY

PROCESSED BY	DATE RECEIVED
CHECK NUMBER	CHECK AMOUNT

WELL OWNER INFORMATION

NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS OIL AND GAS WELLS IN MISSOURI	OPERATOR LICENSE NUMBER
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WELL INFORMATION

PRODUCTION UNIT (LEASE OR SURFACE UNIT NAME)	WELL NUMBER	API NUMBER	TOTAL DEPTH	GROUND ELEVATION
			FT.	FT.

WELL USE (SELECT ONE) <input type="checkbox"/> Production Well <input type="checkbox"/> Other Well Usage <input type="checkbox"/> Injection Well	LOCATION OF WELLS (NAD83, DECIMAL DEGREES) Latitude Longitude
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SPUD DATE	COMPLETION DATE	LAST DATE WELL WAS ACTIVE	HAS THE WELL EVER BEEN SHUT-IN? IF YES, MOST RECENT DATE <input type="checkbox"/> No <input type="checkbox"/> Yes When
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DATE LAST MIT PERFORMED ON THIS WELL (AN MIT MAY BE REQUIRED BEFORE APPROVAL)	IS REQUIRED SIGNAGE INSTALLED FOR EACH WELL <input type="checkbox"/> Yes <input type="checkbox"/> No	IS REQUIRED SIGNAGE INSTALLED FOR TANK BATTERY <input type="checkbox"/> Yes <input type="checkbox"/> No
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WELL CONSTRUCTION

TYPE OF WELL COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perforated Casing	Open Hole Interval Information		
	Open Hole Top	Open Hole Bottom	Geologic Stratum Name (use Missouri Nomenclature)
	Perforation Information		
	Perforation Top	Perforation Bottom	Geologic Stratum Name (use Missouri Nomenclature)

SHUT-IN SPECIFICATIONS

Proposed shut-in period (up to one year)	Start Date	End Date
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REASON FOR EXTENDED SHUT-IN STATUS

EXTENDED SHUT-IN PLAN (ATTACH A WRITTEN PLAN FOR EACH LEASE WHICH DESCRIBES HOW YOU PROPOSE TO OPERATE, MONITOR OR WINTERIZE THE LEASE AND WELLS WHILE IN EXTENDED SHUT-IN STATUS)

METHOD OF PAYMENT

<input type="checkbox"/> Check or Money Order (Please enclose check, payable to Department of Natural Resources, with submitted form.) <input type="checkbox"/> Credit Card (Transaction fee applies.) (Please attach contact information of person authorized to make transaction.) <input type="checkbox"/> Automated Clearing House (Please attach contact information of person authorized to make transaction.)	TOTAL AMOUNT DUE \$25
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CERTIFICATION

I, the undersigned, certify that:
I am authorized to act as the well owner's agent for the submission of this application
The information on this application has been reviewed by me and is true, correct and complete to the best of my knowledge
I understand this extension, if approved, is not transferable to another party or location
I understand that this extension must be renewed before the expiration date in order to comply with shut-in well requirements set forth in the Missouri Code of State Regulations Oil and Gas Council Rule 10 CSR 50-2.060.

NAME (PRINT)	TITLE	COMPANY
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PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS
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SIGNATURE	DATE
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FOR OFFICE USE ONLY

Approved shut-in period	Start Date	End Date
APPROVED BY	DATE	

MO 780-0210 (5-18) SEND COMPLETED FORM ALONG WITH \$25 FEE (PER WELL) TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, GEOLOGIC RESOURCES SECTION, PO BOX 250, ROLLA, MO 65402-0250 PHONE: 573-368-3100 FAX: 573-368-2111 EMAIL: clandnon@mnr.mo.gov



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
**OIL AND GAS PERMIT TO DRILL OR MODIFY
WELL APPLICATION**

FOR OFFICE USE ONLY		DATE RECEIVED
CHECK NUMBER	CHECK AMOUNT	
PROCESSED BY	PERMIT NUMBER	

PERMIT INFORMATION

NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS OIL AND GAS WELLS IN MISSOURI		OPERATOR LICENSE NUMBER
IS THIS IS A MULTIPLE-COMPLETED WELL <input type="checkbox"/> No <input type="checkbox"/> Yes (multiple-completed wells are subject to conditions of 10 CSR 50-2.040(5))		PERMIT TYPE <input type="checkbox"/> Individual well permit <input type="checkbox"/> Blanket well permit
PERMIT INTENT (SELECT ONE) <input type="checkbox"/> New well construction <input type="checkbox"/> Deepen well <input type="checkbox"/> Plug-back well <input type="checkbox"/> Recomplete well <input type="checkbox"/> Change use of well <input type="checkbox"/> Other (explain in comments box below)		

WELL INFORMATION

PROPOSED WELL USE (SELECT ONE)				
Production Well:	<input type="checkbox"/> Oil	<input type="checkbox"/> Commercial gas	<input type="checkbox"/> Non-commercial gas	<input type="checkbox"/> Coalbed methane
Injection Well:	<input type="checkbox"/> Enhanced oil recovery	<input type="checkbox"/> Disposal of formation fluids	<input type="checkbox"/> Cyclic steam stimulation	<input type="checkbox"/> Other (explain in comments box below)
Other Well Usage:	<input type="checkbox"/> Stratigraphic test	<input type="checkbox"/> Observation for	<input type="checkbox"/> Other (explain in comments box below)	
WELL ORIENTATION (SELECT ONE)				
<input type="checkbox"/> Vertical Well	Proposed depth	_____ FT.	Plug back depth	_____ FT.
<input type="checkbox"/> Horizontal Well	Measured vertical depth	_____ FT.	Horizontal borehole length	_____ FT.
PRODUCTION UNIT (LEASE OR SURFACE UNIT NAME)	GEOLOGIC STRATUM NAME (USE MISSOURI NOMENCLATURE)	WELL NUMBER	GROUND ELEVATION _____ FT.	API NUMBER (FOR EXISTING WELL ONLY)

BOND INFORMATION

BOND TYPE	<input type="checkbox"/> Single well bond <input type="checkbox"/> Blanket well bond	BOND STATUS	<input type="checkbox"/> On file <input type="checkbox"/> Attached
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PROPOSED NEW WELL CONSTRUCTION AND CASING/TUBING SPECIFICATIONS

PLANNED SPUD DATE	PROPOSED DRILLING METHOD <input type="checkbox"/> Coring <input type="checkbox"/> Rotary	COMMENTS			
Casing/Tubing Type	Setting Depth	Diameter	Weight/Foot	Packer Depth	Full Length Cement (If no, explain alternative proposed method)
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

REQUIRED INFORMATION FOR SUBMISSION

If this permit is approved, you agree to submit all well information obtained including: driller's log, e-log(s), core analyses, drill stem test, and additional requirements as indicated below. For new well permit applications, the well location information must be submitted on the back of this form.

METHOD OF PAYMENT

<input type="checkbox"/> Check or Money Order (Please enclose check, payable to Department of Natural Resources, with submitted form.) <input type="checkbox"/> Credit Card (Transaction fee applies.) (Please attach contact information of person authorized to make transaction.) <input type="checkbox"/> Automated Clearing House (Please attach contact information of person authorized to make transaction.)	AMOUNT DUE \$100
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CERTIFICATION

I, the undersigned, certify that:

- I am authorized to act as an agent for the applicant of this well.
- The information on this application has been reviewed by me and is true, correct and complete to the best of my knowledge.
- I understand this permit, if approved, is not transferable to another party or location.
- I understand the submittal fee assessed to this well is non-refundable and non-transferable.
- I understand the submission of this application does not guarantee its approval.
- I understand this application will become null and void if no response has been received after thirty (30) days of notification requesting required missing or incomplete information, at which time, the applicant may opt to submit a new application and associated fee for review.
- I understand additional requirements, as indicated below, may be a condition for the approval of this permit.
- I understand this permit, if for a single well, is valid for one (1) year after date of approval.
- I agree to abide by Chapter 259, RSMo, and the Missouri Code of State Regulations Oil and Gas Council Rules 10 CSR 50.
- I understand this permit, in no way, relieves me of my obligations to comply with all applicable federal, state and local laws or regulations.

NAME (PRINT)	TITLE	COMPANY
PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS	
SIGNATURE	DATE	

FOR OFFICE USE ONLY

ADDITIONAL REQUIREMENTS <input type="checkbox"/> None <input type="checkbox"/> Cuttings on five foot interval <input type="checkbox"/> Core <input type="checkbox"/> Water sample(s) depth: _____ <input type="checkbox"/> Other _____		
APPROVED BY	APPROVAL DATE	PERMIT EXPIRATION DATE

MO 780-0211 (3-18) SEND COMPLETED FORM ALONG WITH \$100 APPLICATION FEE TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, GEOLOGIC RESOURCES SECTION, PO BOX 296, ROLLA, MO 65402 PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: sbarclow@dnr.mo.gov



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
OIL AND GAS PERMIT TO INJECT OR
INJECTION PERMIT MODIFICATION
APPLICATION

FOR OFFICE USE ONLY		DATE RECEIVED
CHECK NUMBER		CHECK AMOUNT
PROCESSED BY		PERMIT NUMBER

WELL OWNER INFORMATION

NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS OIL AND GAS WELLS IN MISSOURI		OPERATOR LICENSE NUMBER
PERMIT INTENT (SELECT ONE) <input type="checkbox"/> New request <input type="checkbox"/> Modification to existing injection permit	IF MODIFICATION, CHECK ALL THAT APPLY <input type="checkbox"/> Increase pressure <input type="checkbox"/> Increase rate <input type="checkbox"/> Increase volume <input type="checkbox"/> Change/add Injection zone <input type="checkbox"/> Add/delete disposed fluid source (no fee required) <input type="checkbox"/> Other _____	

WELL INFORMATION

PRODUCTION UNIT (LEASE OR SURFACE UNIT NAME)	WELL NUMBER	API NUMBER
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TYPE OF INJECTION

CHOOSE ONE
☐ Disposal of produced water ☐ Enhanced oil recovery (EOR) – Water ☐ EOR – Steam/Gas ☐ EOR – Other (specify) _____

INJECTION PRESSURE CALCULATION METHOD (SELECT A METHOD PER 10 CSR 50-2.055)

Default method for calculating injection pressure. For liquid injection - downhole injection pressures shall be approved at 0.75 psig/ft. based on the depth to the mid-point of the perforations or injection interval. For example, a wellhead injection pressure of 375 psig may be approved for a 500 ft. deep injection interval using the default method. For steam or other gas injection - wellhead injection pressures may be approved at 3.0 psig/ft. based on the depth to the mid-point of the perforations or injection interval.

☐ Liquid injection (depth to mid-point of injection interval x 0.75 psig/ft.) ☐ Steam or other gas injection (depth to mid-point of injection interval x 3.0 psig/ft.)

Alternative method for determining injection pressure. If an injection pressure is requested that is greater than the calculated default injection pressure, an alternative method of injection pressure calculation must be used. Supporting documentation detailing the method of calculation must be submitted with this form. Alternative methods may include step-rate test data, formation breakdown pressure, leak-off test data, limit test data, pump pressure test data or other pertinent data that quantifies the integrity of the injection zone. If alternative method is used, attach supporting documentation.

☐ Step-rate test ☐ Leak-off test ☐ Limit test ☐ Pump pressure/well fracture data ☐ Formation breakdown pressure ☐ Other _____

PROPOSED INJECTION INFORMATION

MAXIMUM WELLHEAD INJECTION PRESSURE PSIG	AVERAGE WELLHEAD INJECTION PRESSURE PSIG	MAXIMUM DAILY INJECTION RATE (SELECT UNITS) <input type="checkbox"/> BPD <input type="checkbox"/> GPM <input type="checkbox"/> SCFM	AVERAGE DAILY INJECTION RATE (SELECT UNITS) <input type="checkbox"/> BPD <input type="checkbox"/> GPM <input type="checkbox"/> SCFM
ESTIMATED FORMATION FRACTURE PRESSURE PSIG		ESTIMATED FRACTURE PRESSURE GRADIENT OF INJECTION ZONE PSIG/FT	

INJECTION FLUID INFORMATION

Additional chemical analyses of the injected fluid may be required for this injection well as part of the approval process or to yield data that establishes representative characteristics of the injection fluid over time.

SOURCE AND ADDITIVES OF FLUID	TOTAL DISSOLVED SOLIDS PPM
COMPATIBILITY WITH RECEIVING STRATUM/STRATA	

INJECTION ZONE INFORMATION

Additional chemical analyses of the injection zone formation fluid may be required for this injection well as part of the approval process or to yield data that establishes representative characteristics of the injection zone formation fluid over time.

GEOLOGIC NAME (MISSOURI NOMENCLATURE)	LITHOLOGIC DESCRIPTION OF INJECTION ZONE		
STRATA DEPTH (UPPER CONTACT/LOWER CONTACT) _____ FT.	STRATA THICKNESS _____ FT.	TOTAL DISSOLVED SOLIDS PPM	
PERFORATION/OPEN-HOLE INTERVAL(S) _____ FT. _____ FT. _____ FT. _____ FT.			

UPPER CONFINING ZONE INFORMATION

GEOLOGIC NAME (MISSOURI NOMENCLATURE)	LITHOLOGIC DESCRIPTION OF INJECTION ZONE	
STRATA DEPTH (UPPER CONTACT/LOWER CONTACT) _____ FT.	SATURATED HYDRAULIC CONDUCTIVITY CM/SEC	

LOWER CONFINING ZONE INFORMATION

GEOLOGIC NAME (MISSOURI NOMENCLATURE)	LITHOLOGIC DESCRIPTION OF INJECTION ZONE	
STRATA DEPTH (UPPER CONTACT/LOWER CONTACT) _____ FT.	SATURATED HYDRAULIC CONDUCTIVITY CM/SEC	

MO 780-0212 (03-18)
PAGE 1 of 3

SEND COMPLETED FORM ALONG WITH \$100 PERMIT FEE TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY,
GEOLOGIC RESOURCES SECTION, PO BOX 250, ROLLA, MO 65402 PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: oilandgas@dnr.mo.gov

Form 5: [780-0212](#)



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
OIL AND GAS ANNUAL WELL INVENTORY REPORT

WELL OWNER INFORMATION				
NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS OIL AND GAS WELLS IN MISSOURI				OPERATOR LICENSE NUMBER
ANNUAL WELL INVENTORY (AS OF DECEMBER 31)				
Well Status* <ul style="list-style-type: none"> Active well is a well that has been operated for its intended use within the last ninety (90) calendar days. Shut-In well is a well that has not been operated within the last ninety (90) calendar days and has been approved for shut-in status. Incomplete well is a well under construction, within one hundred twenty (120) calendar days after the spud date and for which a well completion report has not been submitted. Abandoned well is a well that is no longer operated for its intended use and has not been shut-in, converted to another type of well, or plugged. 				
API Number	Well Number	Production Unit (lease or surface unit name)	Well Type (provide usage description for observation well(s) on line provided (temperature, pressure, etc.)	*Well Status (select one)
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-In <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-In <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-In <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-In <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-In <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-In <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-In <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-In <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-In <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-In <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-In <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-In <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-In <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-In <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-In <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-In <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-In <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-In <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-In <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
			<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Injection <input type="checkbox"/> Observation for _____	<input type="checkbox"/> Active <input type="checkbox"/> Shut-In <input type="checkbox"/> Incomplete <input type="checkbox"/> Abandoned
CERTIFICATION				
I, the undersigned, certify that: <ul style="list-style-type: none"> I am authorized to act as an agent for this company. The information on this form has been reviewed by me and is true, correct and complete to the best of my knowledge. 				
PRINT NAME	TITLE	COMPANY		
PRIMARY TELEPHONE NUMBER WITH AREA CODE		EMAIL ADDRESS		
SIGNATURE				DATE

MO 780-0213 (11-15) SEND COMPLETED FORM ALONG WITH REQUESTED INFORMATION PRIOR TO JANUARY 31 TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, GEOLOGIC RESOURCES SECTION, PO BOX 250, ROLLA, MO 65402
PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: glan@dnr.mo.gov



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
OIL AND GAS NOTICE OF INTENTION TO PLUG

NOTE: A detailed plugging proposal and electronic/geophysical logs must be on file or submitted with this form.

WELL OWNER INFORMATION				
NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS OIL AND GAS WELLS IN MISSOURI				OPERATOR LICENSE NUMBER
MAILING ADDRESS		CITY	STATE	ZIP CODE
PRIMARY CONTACT NAME	TITLE	PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS	
WELL INFORMATION (LATITUDE AND LONGITUDE MUST BE NAD83 AND AS DECIMAL DEGREE TO THE FIFTH DECIMAL)				
COUNTY	LEGAL DESCRIPTION Sec. _____ Twp. _____ N _____ Rng. _____ E _____ W		LATITUDE	LONGITUDE
PRODUCTION UNIT (LEASE OR SURFACE UNIT NAME)		WELL NUMBER	WELL PERMIT NUMBER	API NUMBER
APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF				GROUND ELEVATION _____ FT.
WELL USE (SELECT ONE)				
Production Well: <input type="checkbox"/> Oil <input type="checkbox"/> Commercial gas <input type="checkbox"/> Non-commercial gas <input type="checkbox"/> Coalbed methane				
Injection Well: <input type="checkbox"/> Enhanced oil recovery <input type="checkbox"/> Disposal of formation fluids <input type="checkbox"/> Cyclic steam stimulation <input type="checkbox"/> Other (explain in comments box)				
Other Well Usage: <input type="checkbox"/> Stratigraphic test <input type="checkbox"/> Observation for _____ <input type="checkbox"/> Other (explain in comments box)				
WELL ORIENTATION (SELECT ONE)				
<input type="checkbox"/> Vertical Well Well depth _____ FT.				
<input type="checkbox"/> Horizontal Well Measured vertical depth _____ FT. Horizontal borehole length _____ FT.				
PROPOSED WELL PLUGGING INFORMATION				
Proposed plugging method: <input type="checkbox"/> Pressure grout <input type="checkbox"/> Tremie <input type="checkbox"/> Gravity feed <input type="checkbox"/> Other _____				PROPOSED DATE PLUGGED
Lithologic Information				
Name of each stratum/strata containing oil or gas	Stratum/strata open to well bore	Fluid content of each stratum/strata	Depth interval of each stratum/strata	Type, depth and length of plug proposed and amount of cement/gel/mud/other used
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Well Construction Information				
Casing Diameter	Casing Set Depth	Top of Perforation Interval	Bottom of Perforation Interval	Packer, Shoes, Bridge Plugs Depth
Bridge Plug				
Installed <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Permanent <input type="checkbox"/> Retrievable	Plug Material _____	Depth Set _____ FT.
COMMENTS				

MO 780-0214 (03-18) SEND COMPLETED FORM ALONG WITH PLUGGING PROPOSAL, NO LATER THAN FIVE (5) BUSINESS DAYS BEFORE PROPOSED PLUGGING DATE, TO:
MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, GEOLOGIC RESOURCES SECTION,
PO BOX 250, ROLLA, MO 65402 PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: plandpaw@dnr.mo.gov

Form 7: [780-0214](#)



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
OIL AND GAS WELL COMPLETION OR
RECOMPLETION REPORT AND WELL LOG

WELL OWNER INFORMATION							
NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS OIL AND GAS WELLS IN MISSOURI						OPERATOR LICENSE	
REPORT FOR (SELECT ONE) <input type="checkbox"/> New well construction <input type="checkbox"/> Recompletion/Modification to existing well Explain: _____							
WELL INFORMATION							
PRODUCTION UNIT (LEASE OR SURFACE UNIT NAME)		GEOLOGIC STRATUM NAME (USE MISSOURI NOMENCLATURE)		WELL NUMBER	PERMIT NUMBER	API NUMBER	GROUND ELEVATION FT.
WELL USE (SELECT ONE) Production Well <input type="checkbox"/> Oil <input type="checkbox"/> Commercial gas <input type="checkbox"/> Non-commercial gas <input type="checkbox"/> Coalbed methane Injection Well <input type="checkbox"/> Enhanced oil recovery <input type="checkbox"/> Disposal of formation fluids <input type="checkbox"/> Cyclic steam stimulation <input type="checkbox"/> Other (explain in comments box) Other Well Usage <input type="checkbox"/> Stratigraphic test <input type="checkbox"/> Observation for _____ <input type="checkbox"/> Other (explain in comments box)							
IS THIS A MULTIPLE-COMPLETED WELL? <input type="checkbox"/> No <input type="checkbox"/> Yes (multiple-completed wells are subject to conditions of 10 CSR 50-2.040(5))							
WELL ORIENTATION (SELECT ONE; IF HORIZONTAL WELL, ATTACH DIRECTIONAL SURVEY) <input type="checkbox"/> Vertical Well Total depth _____ ft. Plug back depth _____ ft. <input type="checkbox"/> Horizontal Well Measured vertical depth _____ ft. Horizontal borehole length _____ ft.							
LOCATION OF WELL Sec. _____ Twp. _____ N Rng. _____ <input type="checkbox"/> E <input type="checkbox"/> W		LAND GRANT		COUNTY		Was drilling location moved up to fifty feet (50') from the approved location? (If yes, attach map per 10 CSR 50-2.030(3)(C)) <input type="checkbox"/> Yes <input type="checkbox"/> No	
LOCATION OF VERTICAL WELL (NAD83, DECIMAL DEGREES) Latitude _____ Longitude _____				LOCATION OF HORIZONTAL WELL TERMINUS (NAD83, DECIMAL DEGREES) Latitude _____ Longitude _____			
DATE SPUNDED	DATE TOTAL DEPTH REACHED	DATE COMPLETED READY TO PRODUCE OR INJECT		CURRENT STATUS OF WELL <input type="checkbox"/> Active <input type="checkbox"/> Shut-in (complete) <input type="checkbox"/> Shut-in (incomplete)			
PRODUCTION OR INJECTION STRATUM FOR THIS COMPLETION OR RECOMPLETION (USE MISSOURI NOMENCLATURE)							
TYPE OF ELECTRIC OR OTHER LOGS RUN <input type="checkbox"/> Log(s) on file <input type="checkbox"/> Log(s) attached							
WELL AND WELLHEAD CONSTRUCTION							
Type of Well Completion <input type="checkbox"/> Perforated casing <input type="checkbox"/> Open hole Open hole depth interval: from _____ ft. to _____ ft.							
Casing Information							
Casing Type	Borehole Diameter	Casing Depth	Casing Diameter	Weight Per Foot	Full Length Cement		
					<input type="checkbox"/> Yes <input type="checkbox"/> No (Explain)		
					<input type="checkbox"/> Yes <input type="checkbox"/> No (Explain)		
					<input type="checkbox"/> Yes <input type="checkbox"/> No (Explain)		
Tubing Information							
TUBING DIAMETER IN.	TUBING DEPTH FT.	PACKER DEPTH FT.	PACKER DIAMETER IN.	PACKER TYPE	ANTI-CORROSIVE ANNULAR FLUID		
Perforation Information							
Perforation Top	Perforation Bottom	Perforation Type <input type="checkbox"/> Round <input type="checkbox"/> Slotted	Perforation Diameter	Perforation Width	Perforation Length	Perforations Per Foot	Geologic Stratum Name (use Missouri nomenclature)
		<input type="checkbox"/> Round <input type="checkbox"/> Slotted					
		<input type="checkbox"/> Round <input type="checkbox"/> Slotted					
		<input type="checkbox"/> Round <input type="checkbox"/> Slotted					
Liner Information							
LINER COMPOSITION <input type="checkbox"/> Steel <input type="checkbox"/> Other _____	CEMENTED <input type="checkbox"/> Yes <input type="checkbox"/> No	DIAMETER IN.	LINER - DEPTH TO TOP FT.	LINER - DEPTH TO BOTTOM FT.	PERFORATED <input type="checkbox"/> Yes <input type="checkbox"/> No	DEPTH TO TOP OF PERFORATIONS FT.	DEPTH TO BOTTOM OF PERFORATIONS FT.

MO 780-0215 (03-18)

SEND COMPLETED FORM TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY,
GEOLOGIC RESOURCES SECTION, PO BOX 250, ROLLA, MO 65402 PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: mler@dnr.mo.gov

Form 8: 780-0215



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
OIL AND GAS WELL PLUGGING REPORT

FOR OFFICE USE ONLY		DATE RECEIVED
CHECK NUMBER	CHECK AMOUNT	
PROCESSED BY		

WELL OWNER INFORMATION

NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS OIL AND GAS WELLS IN MISSOURI		OPERATOR LICENSE NUMBER	
MAILING ADDRESS		CITY	STATE ZIP CODE
PRIMARY CONTACT NAME	TITLE	PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS

WELL INFORMATION (LATITUDE AND LONGITUDE MUST BE NAD83 AND AS DECIMAL DEGREE TO THE FIFTH DECIMAL)

COUNTY	LEGAL DESCRIPTION Sec. _____ Twp. _____ N Rng. _____ E _____ W	LATITUDE	LONGITUDE
PRODUCTION UNIT (LEASE OR SURFACE UNIT NAME)	WELL NUMBER	WELL PERMIT NUMBER	API NUMBER (FOR EXISTING WELL ONLY) GROUND ELEVATION FT.
APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF	HAS THIS WELL EVER PRODUCED OIL OR GAS <input type="checkbox"/> Yes <input type="checkbox"/> No	DRY HOLE <input type="checkbox"/> Yes <input type="checkbox"/> No	TOTAL WELL DEPTH FT.
WELL USE (SELECT ONE)			
Production Well: <input type="checkbox"/> Oil <input type="checkbox"/> Commercial gas <input type="checkbox"/> Non-commercial gas <input type="checkbox"/> Coalbed methane			
Injection Well: <input type="checkbox"/> Enhanced oil recovery <input type="checkbox"/> Disposal of formation fluids <input type="checkbox"/> Cyclic steam stimulation <input type="checkbox"/> Other (explain in comments box)			
Other Well Usage: <input type="checkbox"/> Stratigraphic test <input type="checkbox"/> Observation for <input type="checkbox"/> Other (explain in comments box)			
WELL ORIENTATION (SELECT ONE)			STATIC WELLHEAD PRESSURE
<input type="checkbox"/> Vertical Well Well depth _____ FT.			PSI
<input type="checkbox"/> Horizontal Well Measured vertical depth _____ FT. Horizontal borehole length _____ FT.			

WELL PLUGGING INFORMATION

PLUGGING METHOD	DATE PLUGGED
<input type="checkbox"/> Tremie <input type="checkbox"/> Pressure grout <input type="checkbox"/> Other (prior approval required) _____	

Lithologic Information

Name of each stratum/strata containing oil or gas	Stratum/strata open to well bore at time of plugging	Fluid content of each stratum/strata	Depth interval of each stratum/strata	Size, kind and depth of plugs used, stating amount of cement/gel/mud
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Well Construction Information

Size Pipe	Put in Well (FT.)	Pulled Out (FT.)	Left in Well (FT.)	Give Depth and Method of Parting Casing (Shot, Ripped, etc.)	Packers and Shoes

SELECT ONE	Perforated/open hole depth interval: from _____ FT. to _____ FT.	BRIDGE PLUG <input type="checkbox"/> No <input type="checkbox"/> Yes, depth _____ FT.
<input type="checkbox"/> Perforated casing <input type="checkbox"/> Open hole		
Was all equipment associated with the well removed from the site?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the surface casing cut three feet beneath the land surface?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the well site left, as nearly as practical, in the same condition as it existed before the well was plugged?		<input type="checkbox"/> Yes <input type="checkbox"/> No

METHOD OF DISPOSAL OF MUD PIT CONTENTS

COMMENTS

MO 780-0217 (03-18) SEND COMPLETED FORM ALONG WITH \$50 PLUGGING FEE, NO LATER THAN THIRTY (30) DAYS AFTER WELL HAS BEEN PLUGGED, TO:
MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, GEOLOGIC RESOURCES SECTION,
PO BOX 250, ROLLA, MO 65402 PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: oilandgas@dnr.mo.gov



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

OIL AND GAS WELL CONVERSION TO A WATER WELL APPLICATION

WELL OWNER INFORMATION				
NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS OIL AND GAS WELLS IN MISSOURI				OPERATOR LICENSE NUMBER
Will the well remain under the current operator's ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the ownership of this well being transferred to a landowner? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please complete landowner section below)				
LANDOWNER INFORMATION				
LANDOWNER NAME				
MAILING ADDRESS		CITY	STATE	ZIP CODE COUNTY
EMAIL ADDRESS			PRIMARY PHONE NUMBER WITH AREA CODE	
WELL INFORMATION				
API NUMBER	WELL NUMBER	PRODUCTION UNIT (LEASE OR SURFACE UNIT NAME)		COUNTY
DEPTH TO FRESH WATER FT.	FRESH WATER PRODUCING STRATUM NAME	WELL TYPE <input type="checkbox"/> Injection <input type="checkbox"/> Production <input type="checkbox"/> Stratigraphic Test <input type="checkbox"/> Unknown <input type="checkbox"/> Other		
PRE CONVERSION REQUIREMENTS				
<ul style="list-style-type: none">If this well is being transferred from an operator to a landowner, an oil and gas transfer of well(s) and/or transfer of injection permit(s) form must be submitted with this conversion to a water well application. <p>Per 10 CSR 50-2.060(4) Conversion to Domestic Water Supply Well, the following is required for conversion of an oil and gas well to a domestic water well:</p> <ul style="list-style-type: none">An oil and gas well conversion to a water well application must be submitted within thirty (30) calendar days after proposed conversion of the well.The well must have been reconstructed, or for a stratigraphic test well, must have been constructed, as a water well by a Missouri permitted water well installation contractor and must meet water well construction standards as set forth in the Water Well Drillers Act, Chapter 256, RSMo and the Implementing Missouri Well Construction Rules 10 CSR 23.A well registration or certification, as appropriate per those rules, shall be received before the state geologist will approve the conversion agreement and release the applicable bond.				
WELL CONVERSION INFORMATION				
NAME OF WATER WELL INSTALLATION CONTRACTOR		PERMIT NUMBER	PRIMARY PHONE NUMBER WITH AREA CODE	
WELL CERTIFICATION/REGISTRATION NUMBER			DATE OF CONSTRUCTION/RECONSTRUCTION	
CERTIFICATION				
I, the undersigned, certify that: <ul style="list-style-type: none">I am authorized to act as an agent for the fore mentioned operator/landowner.The facts stated herein are true, correct and complete to the best of my knowledge.I understand this form shall be submitted no less than thirty (30) days after the conversion of the oil and gas well to a domestic water supply well.I have read, understand and am in compliance with the Missouri Code of State Regulations Oil and Gas Council Rules 10 CSR 50-2.060(4) and Missouri Well Construction Rules 10 CSR 23.I understand that upon approval of this conversion, future regulation of this well must be in compliance with Missouri Code of State Regulations Missouri Well Construction Rules 10 CSR 23.				
LANDOWNER SIGNATURE			DATE	
FOR OFFICE USE ONLY				
APPROVED BY			DATE	

MO 780-0218 (04-18) SEND COMPLETED FORM TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, GEOLOGIC RESOURCES SECTION,
PO BOX 298, ROLLA, MO 65402 PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: slim@dnr.mo.gov

Form 10: [780-0218](#)



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
**OIL AND GAS MONTHLY WELL STATUS, PRODUCTION
AND DISPOSAL REPORT**

REPORT MONTH						REPORT YEAR		
OPERATOR INFORMATION								
NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS INJECTION WELLS IN MISSOURI						OPERATOR LICENSE NUMBER		
POOL INFORMATION								
PRODUCTION UNIT (LEASE OR SURFACE UNIT NAME)						COUNTY(S)		
FIRST UNIT (LEASE, PRODUCTION, OR SPACING UNIT) WELL STATUS, PRODUCTION AND DISPOSAL INFORMATION								
PRODUCTION UNIT (LEASE OR SURFACE UNIT NAME)						NAME OF FIRST PURCHASER		
Production						Disposal		
Oil (bbls)	Gravity (API)	Gas (MCF)	Price (per unit)	Total sold (bbls or MCF)	Water (bbls)	Water type*	Water (bbls)	Disposal method**
Well Type and Well Status								
Type	Number of Active Wells			Number of Inactive Wells (complete back of form if inactive wells indicated)				
Production								
Injection								
Other								
SECOND UNIT (LEASE, PRODUCTION, OR SPACING UNIT) WELL STATUS, PRODUCTION AND DISPOSAL INFORMATION								
PRODUCTION UNIT (LEASE OR SURFACE UNIT NAME)						NAME OF FIRST PURCHASER		
Production						Disposal		
Oil (bbls)	Gravity (API)	Gas (MCF)	Price (per unit)	Total sold (bbls or MCF)	Water (bbls)	Water type*	Water (bbls)	Disposal method**
Well Type and Well Status								
Type	Number of Active Wells			Number of Inactive Wells (complete back of form if inactive wells indicated)				
Production								
Injection								
Other								
*Water Type: F – Fresh, S – Salt, O – Other (please explain) _____								
**Disposal Method: I – Injection, E – Evaporation, O – Other (please explain) _____								
CERTIFICATION								
I, the undersigned, certify that:								
<ul style="list-style-type: none"> I am authorized to act as an agent for this company in the submission of this report. The information on this form has been reviewed by me and is true, correct and complete to the best of my knowledge. 								
PRINT NAME			TITLE			COMPANY		
PRIMARY TELEPHONE NUMBER WITH AREA CODE			EMAIL ADDRESS					
SIGNATURE						DATE		

MO 780-0219 (04-18) SEND COMPLETED FORM, WITHIN 45 DAYS AFTER THE END OF EACH CALENDAR MONTH, TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, GEOLOGIC RESOURCES SECTION, PO BOX 250, ROLLA, MO 65402 PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: oilndgas@dnr.mo.gov

Form 11: [780-0219](#)



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
OIL AND GAS FIRST PURCHASER FEE REPORT

FOR OFFICE USE ONLY

PROCESSED BY	DATE RECEIVED
CHECK NUMBER	CHECK AMOUNT

FIRST PURCHASER INFORMATION

NAME OF COMPANY		OIL AND GAS PURCHASE REPORT PERIOD	
		Month	Year
MAILING ADDRESS		CITY	STATE ZIP
PRIMARY CONTACT NAME	TITLE	PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS

OPERATOR INFORMATION

NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS INJECTION WELLS IN MISSOURI	OPERATOR LICENSE NUMBER

CRUDE OIL

Per 10 CSR 50-1.050(1)(G), a fee of sixty cents (\$0.60) on each barrel of oil sold or marketed each month shall be assessed to each operator. The fee and assessment shall apply only to the first purchase of oil from the operator and shall be collected and submitted by the first purchaser of oil.

Production Unit (Lease or Surface Unit Name)	Date Purchased	Number of Barrels Purchased	Price Per Barrel	Assessed Fee (number of barrels x \$0.60 per barrel)
				TOTAL CRUDE OIL FEES ASSESSED
				\$

NATURAL GAS

Per 10 CSR 50-1.050(1)(H), a fee of seven and one-tenth cents (\$0.071) on each one thousand (1,000) cubic feet (MCF) of gas sold or marketed each month shall be assessed to each operator. The fee and assessment shall apply only to the first purchase of gas from the operator and shall be collected and submitted by the first purchaser of gas.

Production Unit (Lease or Surface Unit Name)	Date Purchased	Number of MCF Purchased	Price Per MCF	Assessed Fee (number of MCF x \$0.071 per MCF)
				TOTAL GAS FEES ASSESSED
				\$

METHOD OF PAYMENT

- ☐ Check or Money Order (Please enclose check, payable to Department of Natural Resources, with submitted form)
☐ Credit Card (Transaction fee applies - Please attach contact information of person authorized to make transaction)
☐ Automated Clearing House (Please attach contact information of person authorized to make transaction)

Total amount due (sum of crude oil, natural gas and late fees) \$

CERTIFICATION

I, the undersigned, certify that:

- I am authorized to act as an agent for submission of this oil and gas first purchaser fee report.
- The information on this form has been reviewed by me and is true, correct and complete to the best of my knowledge.

PRINT NAME	TITLE	COMPANY
PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS	
SIGNATURE	DATE	

MO 780-0221 (08-18)

SEND COMPLETED FORM, FEE STATEMENT REPORT AND TOTAL ASSESSED FEES WITHIN 45 DAYS OF REPORTING MONTH TO:
MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, GEOLOGIC RESOURCES SECTION,
PO BOX 250, ROLLA, MO 65402 PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: oilandgas@dnr.mo.gov

Form 12: 780-0221



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
**OIL AND GAS CONFIRMATION OF OUT OF STATE
IRREVOCABLE LETTER OF CREDIT**

CONFIRMING BANK AGREEMENT			
We, the _____ <small>NAME OF CONFIRMING BANK</small>			
of _____ <small>ADDRESS OF CONFIRMING BANK</small>			
at the request of _____ <small>NAME OF ISSUING BANK</small>			
of _____ <small>ADDRESS OF ISSUING BANK</small>			
hereby confirm Irrevocable Letter of Credit No. _____ date issued _____			
issued by _____ <small>NAME OF ISSUING BANK</small>			
to you in the amount of _____ dollars, a copy of which is attached hereto and incorporated by reference.			
Correspondence concerning this Confirmation, including demands for payment, shall be addressed to us at _____			
CONFIRMATION			
<p>By this Confirmation we undertake to honor each demand for payment made by you under the above-referenced Letter of Credit and presented to us according to its terms, up to the amount stated above. Payment of each demand shall be as specified in the above-referenced Letter of Credit. This Confirmation shall be subject to all terms, conditions, warranties and limitations in the above-referenced Letter of Credit, and this Confirmation shall terminate only under the conditions and limitations of the above-referenced Letter of Credit. When construing this Confirmation according to the terms, conditions and limitations of the above referenced Letter of Credit, the term "this Confirmation" shall be substituted for the term "this Letter of Credit."</p> <p>We, the confirming bank, certify that the officer or agent signing this letter is authorized by us to execute this Confirmation of Letter of Credit on our behalf.</p>			
CONFIRMING BANK AGENT SIGNATURE		PRINTED NAME	
OFFICIAL TITLE	PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS	
NOTARY PUBLIC EMBOSSEY OR RUBBER STAMP SEAL	SUBSCRIBED AND SWORN BEFORE ME, ON THIS		
	DAY OF IN THE YEAR		
	STATE	COUNTY	MY COMMISSION EXPIRES
	NOTARY PUBLIC SIGNATURE		
	NOTARY PUBLIC NAME (PRINT)		
COUNTER SIGNATURE			
PRESIDENT OR VICE-PRESIDENT SIGNATURE		PRINTED NAME	OFFICIAL TITLE
NOTARY PUBLIC EMBOSSEY OR RUBBER STAMP SEAL	SUBSCRIBED AND SWORN BEFORE ME, ON THIS		
	DAY OF IN THE YEAR		
	STATE	COUNTY	MY COMMISSION EXPIRES
	NOTARY PUBLIC SIGNATURE		
	NOTARY PUBLIC NAME (PRINT)		

MO 780-1136 (03-18) SEND ORIGINAL COMPLETED FORM AND ORIGINAL FINANCIAL ASSURANCE INSTRUMENT TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES,
MISSOURI GEOLOGICAL SURVEY, GEOLOGICAL SURVEY PROGRAM, PO BOX 250, ROLLA, MO 65402
PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: glundberg@dnr.mo.gov

Form 13: [780-1136](#)



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
CLOSED LOOP HEAT PUMP
CERTIFICATION REPORT

FOR OFFICE USE ONLY

REF NO.	DATE RECEIVED
CR NO.	CHECK NO.

ROUTE / /	APPROVED	DATE	ENTERED	STATE CERT NO.	REVENUE NO.
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OWNER INFORMATION			
NAME		TELEPHONE NUMBER WITH AREA CODE	
MAILING ADDRESS		CITY	STATE ZIP CODE
PHYSICAL ADDRESS OF WELL SITE (IF DIFFERENT THAN MAILING ADDRESS)		CITY	VARIANCE NUMBER (if issued)

PRE-NOTIFICATION AND HVAC COMPANY INFORMATION	LOCATION INFORMATION
Pre-notification made for installation of grout plugs <input type="checkbox"/> Yes <input type="checkbox"/> No	Lat. ° ' " Drill Area (Office use only)
HVAC company installing fluid <input type="checkbox"/> Yes <input type="checkbox"/> No	Long. ° ' " County
HVAC company connecting loops <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ % _____ % _____ %
Contractual agreement was made with the HVAC company to install the system <input type="checkbox"/> Yes <input type="checkbox"/> No	Section _____ Township _____ N Range _____ <input type="checkbox"/> E <input type="checkbox"/> W
If yes to any of the above, please provide name of HVAC company below:	

CLOSED LOOP MATERIAL INFORMATION	HEAT PUMP WELL INFORMATION
PROPOSED TYPE OF HEAT TRANSFER FLUID <input type="checkbox"/> Methanol <input type="checkbox"/> Ethanol <input type="checkbox"/> Glycol <input type="checkbox"/> Water <input type="checkbox"/> Other _____	HEAT PUMP RATING _____ Tons
DIAMETER OF PIPE _____ In.	NUMBER OF HOLES DRILLED _____
TOTAL AMOUNT OF PIPE _____ FL.	DIAMETER OF BOREHOLES _____ In.
PIPE MATERIAL <input type="checkbox"/> Polybutylene <input type="checkbox"/> Polyethylene <input type="checkbox"/> Copper	DEPTH OF BOREHOLES _____ FL.
HOW WAS LOOP MATERIAL CONNECTED <input type="checkbox"/> Thermal <input type="checkbox"/> Other _____	GROUT TYPE <input type="checkbox"/> Bentonite slurry <input type="checkbox"/> Non slurry bentonite <input type="checkbox"/> Thermal grout slurry <input type="checkbox"/> Other _____
PERMANENT CASING INSTALLED <input type="checkbox"/> Yes <input type="checkbox"/> No	METHOD OF INSTALLATION <input type="checkbox"/> Gravity <input type="checkbox"/> Pump thru tremie <input type="checkbox"/> Gravity thru tremie
FILL MATERIAL CHLORINATED <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE ALL WELLS CONSTRUCTED THE SAME <input type="checkbox"/> Yes <input type="checkbox"/> No, attach differences in construction
POSITION OF GROUT SEAL <input type="checkbox"/> Full length <input type="checkbox"/> Series of 5 Ft. plugs	NUMBER SACKS PER HOLE (Excluding oil and gas plug)
	LBS PER SACK
	STATIC WATER LEVEL

CASING INFORMATION	PLUG INFORMATION	DEPTH	FORMATION DESCRIPTION
LENGTH _____ FL.	Bentonite plugs hydrated after emplacement <input type="checkbox"/> Yes <input type="checkbox"/> No	FROM	TO
DIAMETER OF CASING _____ In.	Depth to top and bottom of near surface plug as measured from original ground surface		
MATERIAL <input type="checkbox"/> Steel <input type="checkbox"/> Plastic	Top _____ Ft.		
Weight (Lb.), SDR#, SCH#	Bottom _____ Ft.		
DIAMETER OF DRILL HOLE _____ In.	List depth to top of each plug		
PACKER USED ON PVC CASING <input type="checkbox"/> None <input type="checkbox"/> Rubber boot <input type="checkbox"/> Coupling <input type="checkbox"/> Inverted bell	1. _____ Ft.		
GROUT MATERIAL Cement <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III Bentonite <input type="checkbox"/> Chips <input type="checkbox"/> Pellets <input type="checkbox"/> Slurry	2. _____ Ft.		
Number of sacks used _____	3. _____ Ft.		
Lbs. per sack _____	4. _____ Ft.		
METHOD OF INSTALLATION <input type="checkbox"/> Gravity <input type="checkbox"/> Open hole <input type="checkbox"/> Pressure <input type="checkbox"/> Tremie	5. _____ Ft.		
DRILLING SUSPENDED <input type="checkbox"/> Yes _____ Hrs <input type="checkbox"/> No			
OIL OR GAS INFORMATION			
Oil/gas encountered <input type="checkbox"/> Yes <input type="checkbox"/> No			
Well terminates in an oil/gas zone <input type="checkbox"/> Yes <input type="checkbox"/> No			
Depth oil/gas zone encountered _____ Top _____ Bottom _____			
Depth of plug _____ Top _____ Bottom _____			
Amount of grout used for cement plug _____ Sacks			
I hereby certify the heat pump herein described was constructed in accordance with department of natural resources requirements. (All fields must be completed but only one signature is required)			
PRIMARY CONTRACTOR (IF DIFFERENT THAN WELL INSTALLATION CONTRACTOR)			
PERMIT NUMBER			
DATE			
WELL INSTALLATION CONTRACTOR			
PERMIT NUMBER			
DATE			
WELL INSTALLATION CONTRACTOR APPRENTICE (IF APPLICABLE)			
PERMIT NUMBER			
DATE			

PERMIT NUMBER		DATE
PERMIT NUMBER		DATE
PERMIT NUMBER		DATE

MO 780-1413 (01-18)

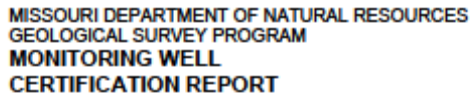
CERTIFICATION FEES - \$100 FOR SYSTEMS 30 TONS OR LESS, \$200 FOR SYSTEMS GREATER THAN 30 TONS

SEND COMPLETED FORM ALONG WITH FEE TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, WELL INSTALLATION SECTION, PO BOX 290, ROLLA, MO 65402 PHONE: 573-368-2165 FAX: 573-368-2317 EMAIL: wgibbians@dnr.mo.gov

RECORD (AND FEE) MAY BE SUBMITTED ONLINE: dnr.mo.gov/mowells

MISSOURI DEPARTMENT OF NATURAL RESOURCES GEOLOGICAL SURVEY PROGRAM RECONSTRUCTION REGISTRATION REPORT		FOR OFFICE USE ONLY				
		REF NO.		DATE RECEIVED		
ROUTE / /	APPROVED	DATE	ENTERED	STATE CERT. NO.	CHECK NO.	REVENUE NO.
WELL OWNER INFORMATION						
NAME					TELEPHONE NUMBER WITH AREA CODE	
MAILING ADDRESS				CITY	STATE	ZIP CODE
PHYSICAL ADDRESS OF PROPERTY WHERE WELL IS LOCATED (IF DIFFERENT THAN MAILING ADDRESS)				CITY	EMAIL ADDRESS	
GENERAL WELL INFORMATION						
DATE WELL WAS RECONSTRUCTED	WELL CERTIFICATION OR REFERENCE NUMBER (IF KNOWN)	WELL NUMBER	VARIANCE NUMBER (IF ISSUED)	ORIGINAL DRILLER (IF KNOWN)	DATE ORIGINALLY DRILLED (IF KNOWN)	
TYPE OF REPAIR <input type="checkbox"/> Raised casing <input type="checkbox"/> Deepening of well <input type="checkbox"/> Well conversion		<input type="checkbox"/> Lining of well <input type="checkbox"/> Monitoring well			NAME OF SITE, BUSINESS, OR CLEANUP PROJECT	
					REGULATORY SITE ID NUMBER OF DNR/EPa PROJECT (IF APPLICABLE)	
LOCATION INFORMATION						
Lat. _____		Long. _____		COUNTY	Section _____ Township _____ N Range _____ <input type="checkbox"/> E <input type="checkbox"/> W	
WATER WELL INFORMATION						
TYPE OF WELL <input type="checkbox"/> Domestic <input type="checkbox"/> High yield bedrock <input type="checkbox"/> High yield unconsolidated <input type="checkbox"/> Multi-family <input type="checkbox"/> Public water supply <input type="checkbox"/> Open loop water <input type="checkbox"/> Oil/gas well conversion to water well						
CASING DIAMETER In.	CASING LENGTH (IF KNOWN) ft.	WELL CASING SEAL OR CONNECTION <input type="checkbox"/> Well seal <input type="checkbox"/> Pitless unit <input type="checkbox"/> Pitless adaptor	STATIC WATER LEVEL (IF KNOWN) ft.	WELL CHLORINATED AFTER RECONSTRUCTION <input type="checkbox"/> Yes <input type="checkbox"/> No	DRILLER NOTES	
MONITORING WELL INFORMATION						
TYPE OF REPAIR <input type="checkbox"/> Over-drill and reconstructed* <input type="checkbox"/> Install or replace surface completion <input type="checkbox"/> Raise or lower surface elevation *Attach diagram showing well reconstruction details		LENGTH OF RISER ADDED ft.	RISER MATERIAL <input type="checkbox"/> Plastic <input type="checkbox"/> Stainless steel	ORIGINAL RISER MATERIAL <input type="checkbox"/> Plastic <input type="checkbox"/> Stainless steel	METHOD OF ATTACHMENT <input type="checkbox"/> Thread <input type="checkbox"/> Weld <input type="checkbox"/> Couple <input type="checkbox"/> Fuse <input type="checkbox"/> Glue <input type="checkbox"/> Other	TYPE OF SURFACE COMPLETION <input type="checkbox"/> Above ground <input type="checkbox"/> Flush mount
LINER INFORMATION						
USE (Choose one) <input type="checkbox"/> Hold back formation <input type="checkbox"/> Prevent rust <input type="checkbox"/> Seal out undesirable conditions	LENGTH ft.	OUTSIDE DIAMETER In.	WEIGHT (LB.) OR SDR#, SCH#	MATERIAL <input type="checkbox"/> Plastic <input type="checkbox"/> Steel	DEPTH TO FROM	
	DEPTH TO TOP OF LINER ft.	PACKER USED ON PVC LINER <input type="checkbox"/> Yes <input type="checkbox"/> No	DEPTH PACKERS SET / / ft.		FORMATION AND YIELD DESCRIPTION**	
POSITION OF SEAL <input type="checkbox"/> Full length <input type="checkbox"/> Bottom	GROUT TYPE (CHOOSE ONE) CEMENT <input type="checkbox"/> Type I <input type="checkbox"/> Type III BENTONITE <input type="checkbox"/> Chips <input type="checkbox"/> Granular <input type="checkbox"/> Pellets <input type="checkbox"/> Slurry		NUMBER OF SACKS USED _____	METHOD OF GROUT INSTALLATION <input type="checkbox"/> Gravity <input type="checkbox"/> Pressure tremie <input type="checkbox"/> As liner is installed		
RAISED CASING INFORMATION						
LENGTH ADDED ft.	CASING MATERIAL <input type="checkbox"/> Plastic <input type="checkbox"/> Steel	ORIGINAL CASING MATERIAL <input type="checkbox"/> Plastic <input type="checkbox"/> Steel	METHOD OF ATTACHMENT <input type="checkbox"/> Thread <input type="checkbox"/> Weld <input type="checkbox"/> Couple <input type="checkbox"/> Glue			
I hereby certify that the information herein described for this well is in accordance with the department of natural resources requirements. (All fields must be completed but only one signature is required.)						
PRIMARY CONTRACTOR (if different than installation contractor)			PERMIT NUMBER	DATE		
WELL OR PUMP INSTALLATION CONTRACTOR			PERMIT NUMBER	DATE		
WELL OR PUMP INSTALLATION APPRENTICE			PERMIT NUMBER	DATE		
<input type="checkbox"/> **BORING LOG/WELL DIAGRAM ATTACHED						

MO 780-1414 (01-18) SEND FORM WITH \$50 FEE (FEE WAIVED FOR RAISING CASING ONLY) TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, WELL INSTALLATION SECTION, PO BOX 250, ROLLA, MO 65403-0250. PHONE: 573-368-2185 FAX: 573-368-2317 EMAIL: weld@dnr.mo.gov
 RECORD (AND FEE) MAY BE SUBMITTED ONLINE: <https://dnr.mo.gov/moysb/>



OFFICE USE ONLY		DATE RECEIVED	
REFERENCE NO.		CHECK NO.	
STATE WELL NO.		REVENUE NO.	
ENTERED	APPROVED	DATE	ROUTE

PROPERTY OWNER NAME WHERE WELL IS LOCATED		PRIMARY PHONE NUMBER WITH AREA CODE		WELL NUMBER	WELL COMPLETION DATE
PROPERTY OWNER MAILING ADDRESS			CITY	STATE	ZIP CODE
PHYSICAL ADDRESS OF PROPERTY WHERE WELL IS LOCATED			CITY	COUNTY	
NAME OF SITE, BUSINESS, OR CLEANUP PROJECT		DNR/DEPA PROJECT NUMBER OR REGULATORY SITE ID NUMBER (IF APPLICABLE)			VARIANCE NUMBER (IF ISSUED)
PRIMARY CONTRACTOR NAME (PLEASE PRINT)			PERMIT NUMBER	Section 256.607(3), RSMo, requires all primary contractors to comply with all rules and regulations promulgated pursuant to Sections 256.600 to 256.640 RSMo.	

SURFACE COMPLETION		LENGTH AND DIAMETER OF SURFACE COMPLETION		DIAMETER AND DEPTH OF THE HOLE SURFACE COMPLETION WAS PLACED		SURFACE COMPLETION GROUT	
TYPE <input type="checkbox"/> Above Ground <input type="checkbox"/> Flush Mount <input type="checkbox"/> Locking Cap <input type="checkbox"/> Weep Hole		Length _____ FT. Diameter _____ IN.		Diameter _____ IN. Length _____ FT.		<input type="checkbox"/> Concrete <input type="checkbox"/> Other _____	
Elevation _____ FT.		ANNULAR SEAL Length _____ FT. <input type="checkbox"/> Slurry <input type="checkbox"/> Chips <input type="checkbox"/> Pellets <input type="checkbox"/> Granular <input type="checkbox"/> Cement/Slurry		RISER OR CASING (IF OPEN HOLE COMPLETION) Riser/Casing Diameter _____ IN. Riser/Casing Length _____ FT. Diameter of Drill Hole _____ IN. Weight Or SDR# _____		SURFACE COMPLETION <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Plastic	
IF CEMENT/BENTONITE MIX: Bags of Cement Used _____ % of Bentonite Used _____ Water Used Per Bag _____ GAL.		SECONDARY FILTER PACK LENGTH _____ FT.		BENTONITE SEAL Length _____ <input type="checkbox"/> Chips <input type="checkbox"/> Pellets <input type="checkbox"/> Granular <input type="checkbox"/> Saturated Zone <input type="checkbox"/> Hydrated		MATERIAL <input type="checkbox"/> Steel <input type="checkbox"/> Thermoplastic (PVC) <input type="checkbox"/> Other _____	
DEPTH TO TOP OF PRIMARY FILTER PACK _____ FT.		LENGTH OF PRIMARY FILTER PACK _____ FT.		SCREEN Screen Diameter _____ IN. Screen Length _____ FT. Diameter of Drill Hole _____ IN. Depth To Top _____ FT.		SCREEN MATERIAL <input type="checkbox"/> Steel <input type="checkbox"/> Thermoplastic (PVC) <input type="checkbox"/> Other _____	

For cased wells, submit additional as-built diagrams showing well construction details including type and size of all casing, hole diameter and grout used.

LOCATION OF WELL (DMS FORMAT ONLY)										
Latitude _____ ° _____ ' _____ "	Longitude _____ ° _____ ' _____ "									
Section _____ Township _____ North Range _____ <input type="checkbox"/> E <input type="checkbox"/> W										
TYPE OF WELL (CHECK ONE) <input type="checkbox"/> Direct Push <input type="checkbox"/> Extraction <input type="checkbox"/> Inclinator <input type="checkbox"/> Gas Migration <input type="checkbox"/> Injection <input type="checkbox"/> Lysimeter <input type="checkbox"/> Observation <input type="checkbox"/> Open Hole <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Piezometer <input type="checkbox"/> Standard										
MONITORING FOR (CHECK ALL THAT APPLY) <input type="checkbox"/> Explosives <input type="checkbox"/> Metals <input type="checkbox"/> Pesticides/Herbicides <input type="checkbox"/> Petroleum <input type="checkbox"/> Radionuclides <input type="checkbox"/> SVOCs <input type="checkbox"/> VOCs (non-petroleum) <input type="checkbox"/> Geotechnical Data										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; padding: 5px;">DEPTH</th> <th style="padding: 5px;">FORMATION DESCRIPTION (OR ATTACH BORING LOG)</th> </tr> <tr> <th style="width: 20%; padding: 5px;">FROM</th> <th style="width: 20%; padding: 5px;">TO</th> <th style="width: 60%;"></th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></td> <td></td> <td></td> </tr> </tbody> </table>		DEPTH		FORMATION DESCRIPTION (OR ATTACH BORING LOG)	FROM	TO				
DEPTH		FORMATION DESCRIPTION (OR ATTACH BORING LOG)								
FROM	TO									
TOTAL DEPTH: _____ FT. <input type="checkbox"/> *Boring Log Attached										
STATIC WATER LEVEL: _____ FT. PUMP INSTALLED: <input type="checkbox"/> Yes <input type="checkbox"/> No										

I hereby certify that the monitoring well herein described was constructed in accordance with Missouri Department of Natural Resources requirements.

MONITORING WELL INSTALLATION CONTRACTOR	PERMIT NUMBER	DATE	MONITORING WELL INSTALLATION CONTRACTOR APPRENTICE (IF APPLICABLE)	PERMIT NUMBER
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MO 780-1415 (03-18) SEND COMPLETED FORM ALONG WITH \$100 CERTIFICATION FEE TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, WELL INSTALLATION SECTION, PO BOX 250, ROLLA, MO 65402 PHONE: 573-368-2168 FAX: 573-368-2317 EMAIL: welldrill@mnr.mo.gov
RECORD (AND FEE) MAY BE SUBMITTED ONLINE: dmr.mo.gov/mcs/mcs.asp



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
VARIANCE REQUEST

OFFICE USE ONLY

DATE RECEIVED

RECEIVED BY

VARIANCE ☐ APPROVED ☐ DENIED

WELL OWNER INFORMATION

NAME		TELEPHONE NUMBER WITH AREA CODE	
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS OF PROPERTY WHERE WELL IS LOCATED (IF DIFFERENT THAN MAILING ADDRESS)		CITY	

WELL LOCATION INFORMATION

LAT. _____ ' _____ ' _____ "	COUNTY _____	_____ ' _____ ' _____ "
LONG. _____ ' _____ ' _____ "	SECTION _____	TOWNSHIP _____ N RANGE _____ <input type="checkbox"/> E <input type="checkbox"/> W

CONTRACTOR INFORMATION

NAME		PERMIT NUMBER	
BUSINESS NAME		TELEPHONE NUMBER WITH AREA CODE	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS			

VARIANCE INFORMATION

TYPE OF VARIANCE

☐ Administrative

☐ Construction – Explain how the well is to be constructed or plugged, and the reason why the construction or plugging rules cannot be met. Attach diagram or sketch below.

VARIANCE REQUESTED BY (WELL OWNER OR CONTRACTOR)

DATE

RULE NUMBER MODIFIED: 10 CSR 23- _____

VARIANCE COMPLETED BY

DATE

COPY SENT TO OWNER BY

DATE

COPY SENT TO CONTRACTOR BY

DATE

MO 780-1422 (06-19) MAIL COMPLETED FORM TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, WELL INSTALLATION SECTION,
PO BOX 280, ROLLA, MO 65402 PHONE: 573-368-2165 FAX: 573-368-2317 EMAIL: well@drillers.com



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
CASING DEPTH REQUEST

**NOTE: IF THIS REQUEST IS FOR A PUBLIC WELL, PLEASE CONTACT
YOUR LOCAL DNR REGIONAL OFFICE.***

OFFICE USE ONLY

DATE RECEIVED	RECEIVED BY
DATE PROCESSED	PROCESSED BY
DATE LETTER SENT	

WELL OWNER INFORMATION

NAME		TELEPHONE NUMBER WITH AREA CODE	
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS OF WELL (IF DIFFERENT THAN MAILING ADDRESS)			CITY

CONTRACTOR INFORMATION

NAME		PERMIT NUMBER	
BUSINESS NAME		TELEPHONE NUMBER WITH AREA CODE	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
BUSINESS EMAIL ADDRESS			

WELL LOCATION INFORMATION

LATITUDE	LONGITUDE	COUNTY
_____° _____' _____"		_____
_____ 1/4 _____ 1/4 _____ 1/4 Section _____ Township _____ North Range _____		ELEVATION _____
		<input type="checkbox"/> East <input type="checkbox"/> West

TYPE OF WELL

☐ Charitable or Benevolent Organization ☐ Domestic ☐ High Yield Bedrock ☐ Multi-Family ☐ Open Loop Heat Pump

Comments:

NUMBER OF SERVICE CONNECTIONS	USED YEAR-ROUND <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER OF PEOPLE SERVED YEAR-ROUND	NUMBER SERVED AT LEAST 60 DAYS PER YEAR
DESIRED YIELD	DISTANCE FROM MAJOR LAKE (IF WITHIN 1 MILE)

*REGIONAL OFFICES: Kansas City Regional Office 816-622-7000 Northeast Regional Office 660-385-8000
Southeast Regional Office 573-840-9750 Southwest Regional Office 417-891-4300
St Louis Regional Office 314-416-2960

OFFICE USE ONLY

TOTAL DEPTH	YIELD	FORMATION	SURFACE ELEVATION	LAKE BOTTOM ELEVATION
RECOMMENDED CASING DEPTH		MINIMUM REQUIRED CASING DEPTH	DRILL AREA	

MO 780-1426 (01-16) SEND COMPLETED FORM TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, WELL INSTALLATION SECTION,
PO BOX 250, ROLLA, MO 65402 PHONE: 573-368-2166 FAX: 573-368-2317 EMAIL: weld@dnr.mo.gov

Form 18: [780-1426](#)



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
PUBLIC WATER SUPPLY NOTIFICATION

FOR OFFICE USE ONLY

REF NO.

DATE RECEIVED

Public water supplier shall submit this form within 60 days of client connection to the public system for households previously served by a well as stated in Section 256.628 RSMo.

WELL OWNER INFORMATION

NAME		TELEPHONE NUMBER WITH AREA CODE	
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS OF PROPERTY WHERE WELL IS LOCATED (IF DIFFERENT THAN MAILING ADDRESS)		CITY	

DATE OF CONNECTION TO PUBLIC WATER SUPPLIER

PUBLIC WATER SUPPLIER INFORMATION

NAME		PWSS ID NUMBER MO -	
MAILING ADDRESS	CITY	STATE	ZIP CODE
CONTACT PERSON		TELEPHONE NUMBER WITH AREA CODE	

LOCATION OF WELL

Latitude _____ ° _____ ' _____ "	Longitude _____ ° _____ ' _____ "	COUNTY
_____ ° _____ ' _____ " Section _____ Township _____ N Range _____ <input type="checkbox"/> E <input type="checkbox"/> W		

WELL OWNER STATEMENT

This part of the form must be completed by well owner before connection to public water. A department representative may verify information provided by the well owner.

I hereby certify that:

- ☐ Existing well(s) will remain in use and will be properly plugged when no longer in use.
- ☐ All known abandoned wells on property have been plugged.
- ☐ All abandoned wells will be plugged within 90 days of connection to public water. The well owner must notify the department at 573-368-2165 ten (10) days prior to well plugging.
- ☐ No known abandoned wells on property.

WELL OWNER SIGNATURE	DATE
----------------------	------

MO 780-1427 (09-19) SEND COMPLETED FORM TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, WELL INSTALLATION SECTION,
PO BOX 250, ROLLA, MO 65402 PHONE: 573-368-2165 FAX: 573-368-2317 EMAIL: wellstr@dnr.mo.gov

Form 19: [780-1427](#)



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
WATER WELL / HEAT PUMP PLUGGING
REGISTRATION REPORT

FOR OFFICE USE ONLY

REF NO.	ENTERED	DATE RECEIVED
REGISTRATION NO.	CHECK NO.	REVENUE NO.
ROUTE	APPROVED	DATE

NOTE: FOR MONITORING WELLS, USE MONITORING WELL
PLUGGING REGISTRATION FORM 780-2161

OWNER INFORMATION

NAME	BUSINESS NAME (IF APPLICABLE)	TELEPHONE NUMBER WITH AREA CODE
MAILING ADDRESS	CITY	STATE ZIP CODE
PHYSICAL ADDRESS OF PROPERTY WHERE WELL IS LOCATED (IF DIFFERENT THAN MAILING ADDRESS)		CITY

LOCATION INFORMATION

Lat. _____	COUNTY	_____ 1/4 _____ 1/4
Long. _____	Section _____ Township _____ N Range _____	<input type="checkbox"/> E <input type="checkbox"/> W

PLUGGING INFORMATION

FORMER USE OF WELL <input type="checkbox"/> Domestic <input type="checkbox"/> High yield unconsolidated <input type="checkbox"/> Hand dug <input type="checkbox"/> Pilot hole <input type="checkbox"/> Heat pump <input type="checkbox"/> Multi-family <input type="checkbox"/> High yield bedrock (plugging letter required if fill is used) <input type="checkbox"/> Public water supply well (plugging letter required)		WELL CERTIFICATION OR REFERENCE NUMBER (IF KNOWN)	WELL NUMBER	VARIANCE NUMBER (IF ISSUED)
COST SHARE <input type="checkbox"/> Yes <input type="checkbox"/> No		ORIGINAL DRILLER (IF KNOWN)		DATE ORIGINALLY DRILLED (IF KNOWN)
DATE WELL / LOOPS PLUGGED OR EXCAVATED	WELL REMOVED BY EXCAVATION <input type="checkbox"/> Yes <input type="checkbox"/> No	DEPTH OF THE WELL FT.	LENGTH OF CASING FT.	CASING OR HOLE DIAMETER IN.
PUMP REMOVED FROM WELL <input type="checkbox"/> Yes <input type="checkbox"/> No		STATIC WATER LEVEL FT.		HEAT PUMP LOOPS <input type="checkbox"/> Filled <input type="checkbox"/> Remove
CASING CUT OFF BELOW GROUND SURFACE <input type="checkbox"/> Yes, to what depth _____ FT. <input type="checkbox"/> No, state reason below* <input type="checkbox"/> Removed		TYPE OF CASING <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Plastic <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other _____		
WELL ABANDONED DUE TO CONNECTION TO A MUNICIPALITY OR RURAL WATER SUPPLY DISTRICT <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the municipality or water district below:		REMARKS/REASON WELL WAS PLUGGED		

GROUT INFORMATION (GROUT MATERIAL MUST EXTEND AT LEAST 50 FEET BELOW CASING FOR DOMESTIC/MULTI-FAMILY WELLS)

INSTALLATION METHOD <input type="checkbox"/> Gravity <input type="checkbox"/> Tremie <input type="checkbox"/> Tremie pumped <input type="checkbox"/> Reverse tremie	MATERIAL USED CEMENT <input type="checkbox"/> Type I <input type="checkbox"/> Type III BENTONITE <input type="checkbox"/> Chips <input type="checkbox"/> Pellets <input type="checkbox"/> Granular <input type="checkbox"/> Slurry	GROUT PLUGS 1 ST Top depth _____ Bottom depth _____ 2 ND Top depth _____ Bottom depth _____ (if applicable)	AMOUNT USED Number of sacks _____ Pounds per sack _____ or cubic yards _____ Gallons of water/sack _____
---	--	--	---

FILL MATERIAL INFORMATION (FILL MATERIAL MAY NOT BE USED IN PLACE OF GROUT)

MATERIAL USED <input type="checkbox"/> Gravel <input type="checkbox"/> Ag-time <input type="checkbox"/> Sand <input type="checkbox"/> Other _____	AMOUNT USED <input type="checkbox"/> Tons _____ or <input type="checkbox"/> Cubic yards _____	DEPTH TO TOP OF FILL FROM SURFACE FT.	WELL CHLORINATED BEFORE PLUGGING <input type="checkbox"/> Yes <input type="checkbox"/> No	AMOUNT USED FOR CHLORINATION <input type="checkbox"/> Gallons _____ <input type="checkbox"/> Pounds _____ <input type="checkbox"/> Tablets _____
---	--	--	--	--

I hereby certify that the well herein described was plugged in accordance with Department of Natural Resources requirements. (All fields must be completed but only one signature is required.)

PRIMARY CONTRACTOR OR WELL OWNER (WELL OWNER MAY ONLY PLUG DOMESTIC OR HAND DUG WELLS)	PERMIT NUMBER	DATE
WELL OR PUMP INSTALLATION CONTRACTOR	PERMIT NUMBER	DATE
WELL OR PUMP INSTALLATION CONTRACTOR APPRENTICE (IF APPLICABLE)	PERMIT NUMBER	DATE

MO 780-1603 (06-19)

FEES - \$50 FOR PUBLIC WATER SUPPLY, HIGH YIELD AND HEAT PUMP WELLS ONLY. ALL WELL TYPES ARE SUBJECT TO LATE FEE SCHEDULE.
SEND COMPLETED FORM TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, WELL INSTALLATION SECTION,
PO BOX 250, ROLLA, MO 65402 PHONE: 573-368-2185 FAX: 573-368-2317 EMAIL: wgd@dnr.mo.gov
RECORD (AND FEE) MAY BE SUBMITTED ONLINE: dnr.mo.gov/mowells

Form 20: 780-1603



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
INVESTIGATION REQUEST

OFFICE USE ONLY

DATE RECEIVED

DATE ASSIGNED

ASSIGNED TO

WELL OWNER INFORMATION

NAME		TELEPHONE NUMBER WITH AREA CODE	
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS OF PROPERTY WHERE WELL IS LOCATED (IF DIFFERENT THAN MAILING ADDRESS)		CITY	

PERSON REQUESTING INVESTIGATION (If different than owner)

NAME		TELEPHONE NUMBER WITH AREA CODE	
MAILING ADDRESS	CITY	STATE	ZIP CODE

Is the well owner aware of this investigation request? ☐ YES ☐ NO

WELL LOCATION INFORMATION

Latitude _____	Longitude _____	COUNTY
_____° _____' _____" Section _____ Township _____ N Range _____ <input type="checkbox"/> E <input type="checkbox"/> W		

CONTRACTOR INFORMATION (If known)

NAME	PERMIT NUMBER
BUSINESS NAME	TELEPHONE NUMBER WITH AREA CODE

GENERAL INFORMATION

Date well was drilled:	Date problem began:
Did you receive a copy of the well certification form from the contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you contacted the well or pump contractor on this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have they attempted to remedy the situation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there an abandoned well(s) on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of holes drilled _____ Were any left open? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has a bacteria test been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

STEPS TO BE COMPLETED BEFORE SUBMISSION OF THIS FORM

- Please attach a copy of the bacteria test taken. If no test was taken, please contact your county health department or sanitarian to arrange for a water sample to be taken prior to submitting this form.
- Please attach a copy of the invoice (or bill) you received from the driller and pump installer.
- Include a copy of the certification form from the driller and/or pump installer, if available.
- On the opposite side of this form, please make a written statement detailing the problems you are experiencing.

SIGNATURE	DATE
-----------	------

MO 780-1618 (01-15) MAIL COMPLETED FORM TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, WELL INSTALLATION SECTION,
PO BOX 250, ROLLA, MO 65402 PHONE: 573-368-2165 FAX: 573-368-2317 EMAIL: wellinstall@dnr.mo.gov



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
WATER TRACE-INJECTION LOCATION

FOR OFFICE USE ONLY
INJECTION POINT NUMBER

INJECTION POINT LOCATION

INJECTION POINT DESCRIPTION						COUNTY	
1/4 1/4 SECTION	1/4 1/4 SECTION	1/4 SECTION	SECTION	TOWNSHIP	RANGE	QUADRANGLE NAME	
					NORTH	<input type="checkbox"/> EAST <input type="checkbox"/> WEST	
COORDINATE OR WRITTEN LOCATION IF LEGAL DESCRIPTION IS UNAVAILABLE (USE COMMENTS AREA IF NECESSARY)					PURPOSE OF TRACE		ELEVATION IN FEET
LATITUDE:					LONGITUDE:		
TYPE OF INJECTION POINT							
<input type="checkbox"/> SEPTIC TANK <input type="checkbox"/> WELL <input type="checkbox"/> LAKE/POND <input type="checkbox"/> SINKHOLE <input type="checkbox"/> SEWER <input type="checkbox"/> LAGOON <input type="checkbox"/> STREAM <input type="checkbox"/> OTHER _____							
PROPERTY OWNER'S NAME						TELEPHONE WITH AREA CODE	
OWNER'S MAILING ADDRESS				CITY	STATE	ZIP CODE	

REGISTRANT'S INFORMATION

REGISTRANT'S NAME AND COMPANY				TELEPHONE WITH AREA CODE			
REGISTRANT'S MAILING ADDRESS				CITY	STATE	ZIP CODE	

INJECTION INFORMATION

	PROPOSED	ACTUAL	
INJECTION DATE _____	<input type="checkbox"/>	<input type="checkbox"/>	INJECTION TIME: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TRACER INJECTED _____	<input type="checkbox"/>	<input type="checkbox"/>	
TRACER AMOUNT _____	<input type="checkbox"/>	<input type="checkbox"/>	NUMBER OF MONITORING POINTS: _____

FLOW CONDITIONS AT INJECTION

--

SKETCH OR MAP MUST BE SUBMITTED WITH REQUEST!

A SKETCH MAP OR PHOTOCOPY OF TOPOGRAPHIC MAP MUST SHOW THE FOLLOWING: INJECTION POINT, MONITORING POINTS, ALL KNOWN SPRINGS, SINKHOLES, CAVES, MINES AND ROADS. INCLUDE A SCALE AND NORTH ARROW ON THE SKETCH MAP.

COMMENTS

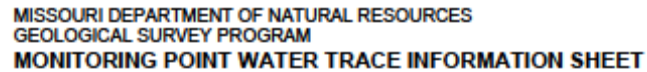
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I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

EMAIL ADDRESS (OPTIONAL)

REGISTRANT'S SIGNATURE	MISSOURI WATER TRACER REGISTRATION NUMBER	DATE
------------------------	--	------

MO 780-1693 (5-19) SEND COMPLETED COPY TO: DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, ENVIRONMENTAL GEOLOGY SECTION,
PO BOX 280, ROLLA, MO 65402-0280 PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: slp60@dnr.mo.gov



MONITORING POINT NAME OR DESIGNATION	COUNTY
--------------------------------------	--------

REGISTRANT'S INFORMATION

[illegible]

MONITORING INFORMATION	
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100	100

ANALYSIS METHODS: S = Spectrofluorometer F = Fluorometer V = Visual O = Other

FLOW CONDITIONS: D = Dry P = Pool L = Low Flow H = High Flow N = Normal Flow

MO 750-1594 (5-18) SEND COMPLETED COPY TO: DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, ENVIRONMENTAL GEOLOGY SECTION,
PO BOX 250, ROLLA, MO 65402-0250 PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: gsdpc@dnr.mo.gov



MISSOURI DEPARTMENT OF NATURAL RESOURCES
MISSOURI GEOLOGICAL SURVEY
WATER TRACER REGISTRATION APPLICATION

FOR OFFICE USE ONLY

REGISTRATION NUMBER

APPLICANT'S INFORMATION

APPLICANT'S NAME AND COMPANY

TELEPHONE NUMBER WITH AREA CODE

MAILING ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS (OPTIONAL)

GENERAL INFORMATION

DESCRIPTION OF GENERAL TYPE(S) AND PURPOSE OF TRACE(S) TO BE UNDERTAKEN

LIST OF TRACERS WHICH MAY BE USED

IF VARIANCE FROM REGISTRATION IS DESIRED, PLEASE GIVE REASONS

COMMENTS

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE

DATE

MO 780-1695 (9-18)

SEND COMPLETED COPY TO: DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, ENVIRONMENTAL GEOLOGY SECTION,
PO BOX 250, ROLLA, MO 65402-0250 PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: gspeg@dnr.mo.gov

Form 24: [780-1695](#)



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
CLASS V WELL INVENTORY FORM

FOR OFFICE USE ONLY

INVENTORY NUMBER

WELL OWNER INFORMATION (*REQUIRED)

*NAME (COMPANY NAME IF APPLICABLE)		EMAIL ADDRESS	
*MAILING ADDRESS		*CITY	*STATE *ZIP CODE
*COUNTY	*TELEPHONE NUMBER WITH AREA CODE	CELLPHONE WITH AREA CODE	FAX NUMBER WITH AREA CODE

CONTACT INFORMATION (*REQUIRED)

*FIRST NAME	*LAST NAME	TELEPHONE NUMBER WITH AREA CODE	CELLPHONE WITH AREA CODE
*MAILING ADDRESS		*CITY	*STATE *ZIP CODE
*COUNTY	EMAIL ADDRESS	FAX NUMBER WITH AREA CODE	

FACILITY INFORMATION (*REQUIRED)

*FACILITY NAME	*FACILITY OPERATOR CONTACT NAME (IF DIFFERENT FROM COMPANY CONTACT)		
STREET ADDRESS	CITY	STATE	ZIP CODE
COUNTY	SIC CODE	NAICS CODE	

PERMIT INFORMATION (*REQUIRED)

*OWNERSHIP TYPE <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Other	PERMIT NUMBER
--	---------------

WELL INFORMATION (*REQUIRED)

*COUNTY	*STATUS DATE (AN UPDATED FORM MUST BE SUBMITTED WHEN STATUS CHANGES)	*WELL STATUS <input type="checkbox"/> Active <input type="checkbox"/> Abandoned <input type="checkbox"/> Incomplete <input type="checkbox"/> Plugged <input type="checkbox"/> Temporarily abandoned <input type="checkbox"/> Under construction
*WELL TYPE <input type="checkbox"/> Abandoned water well (accepting fluids) <input type="checkbox"/> Aquifer recharge well <input type="checkbox"/> Aquifer remediation well <input type="checkbox"/> Automobile service station disposal well <input type="checkbox"/> Ground source heat pump (return only) <input type="checkbox"/> Improved sinkhole <input type="checkbox"/> Industrial drainage well <input type="checkbox"/> Mine backfill <input type="checkbox"/> Septic tank with lateral field that has potential to be used by more than 20 people per day <input type="checkbox"/> Other		WELL ID NUMBER
WELL LOCATION Latitude _____ ° _____ ' _____ " Longitude _____ ° _____ ' _____ "		ELEVATION
PUBLIC LAND SURVEY SYSTEM LOCATION OR LAND GRANT NUMBER _____ ° _____ ' _____ " _____ ° _____ ' _____ " _____ ° _____ ' _____ " Sec _____ Twp _____ N Rng _____ <input type="checkbox"/> E <input type="checkbox"/> W Land Grant # _____		TOTAL DEPTH (VERTICAL WELLS ONLY)
7.5 MINUTE QUADRANGLE		METHOD OF DETERMINING LOCATION
ADDITIONAL COMMENTS		GPS ACCURACY
Attach map of well location. Attach table of wells and well information if multiple wells are present at the facility. For assistance in determining locations: dnr.mo.gov/oisutils		

MO 780-1774 (5-16) SEND COMPLETED FORM ALONG WITH MAP OR TABLE TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY,
PO BOX 250, ROLLA, MO 65402 PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: gisutils@dnr.mo.gov



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
OIL AND GAS WELL BOND

FOR OFFICE USE ONLY

BOND NUMBER	DATE RECEIVED
-------------	---------------

OBLIGOR (WELL OWNER/OPERATOR) INFORMATION

NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS OIL AND GAS WELLS IN MISSOURI		OPERATOR LICENSE NUMBER	
MAILING ADDRESS		CITY	STATE ZIP CODE
PRIMARY CONTACT NAME	TITLE	PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS

BOND INFORMATION

INDIVIDUAL WELL BOND SCHEDULE (REQUIRED BOND AMOUNT FOR ONE OPEN INDIVIDUAL WELL)

Well depth	Bond amount
0'-500'	\$1,100
501'-1,000'	\$2,200
1,001'-2,000'	\$3,300
2,001'-5,000'	\$4,400
>5,000'	\$5,500 plus \$2 per foot beyond 5,001 feet

BLANKET WELL BOND SCHEDULE (WITHIN THE SPECIFIC DEPTH RANGE AS INDICATED, THE REQUIRED BOND AMOUNT AND MAXIMUM NUMBER OF SIMILARLY CONSTRUCTED OPEN WELLS ALLOWED. AS WELLS ARE PLUGGED IN ACCORDANCE WITH STATE REGULATIONS, OTHER WELL(S) WITHIN A SIMILAR DEPTH RANGE MAY BE SECURED BY THIS BOND)

Well depth	Bond amount	Maximum number of unplugged wells
0'-800'	\$22,000	40
801'-1,500'	\$25,000	10

BOND TYPE (CHOOSE EITHER INDIVIDUAL OR BLANKET WELL BOND AND COMPLETE INFORMATION TO RIGHT OF SELECTION)

☐ Individual Well Bond Production Unit (lease or surface unit name) _____

Well Number _____ API Number (if known) _____ Depth (actual or proposed) _____ FT.

or

☐ Blanket Well Bond ☐ Less than 800' depth or ☐ 801' to 1500' depth

REQUIRED BOND AMOUNT (PER BONDING SCHEDULE LISTED ABOVE)

FINANCIAL ASSURANCE INSTRUMENT (FAI) INFORMATION

Financial assurance instrument previously submitted securing this bond ☐ Yes ☐ No (If no, submit FAI and FAI form with this form)

Financial assurance instrument type ☐ Certificate of Deposit ☐ Irrevocable Surety Bond ☐ Irrevocable Letter of Credit

FINANCIAL ASSURANCE INSTRUMENT NUMBER	FINANCIAL ASSURANCE INSTRUMENT VALUE
	\$

CERTIFICATION

I, the undersigned, certify that:

- I am authorized to act on behalf of the obligor in submitting this bond.
- I confirm the information on this form has been reviewed by me and is true, correct and complete to the best of my knowledge and belief.
- I understand this bond is not transferrable.
- I understand that if information on this form changes it must be resubmitted.
- I acknowledge this is a performance bond and the required bond amount is payable to the state of Missouri.
- I understand this bond shall remain in full force and effect until a letter of release is issued by the state geologist or it is forfeited due to non-compliance with the provisions of Chapter 259, RSMo, and the Missouri Code of State Regulations Oil and Gas Council Rules 10 CSR 50.

PRINT NAME	TITLE	COMPANY
SIGNATURE		DATE

FOR OFFICE USE ONLY

APPROVED BY	DATE		
APPROVAL OF RELEASE/FORFEITURE OF BOND	BOND NUMBER	BOND AMOUNT	PLEDGED FAI NUMBER
Financial Action <input type="checkbox"/> Release <input type="checkbox"/> Forfeiture			
AUTHORITY TO RELEASE/FORFEIT THIS BOND IS HEREBY GRANTED, THIS DAY OF YEAR		APPROVED BY	

MO 780-1777 (04-15)

SEND COMPLETED FORM AND ORIGINAL FINANCIAL ASSURANCE INSTRUMENT, IF NOT PREVIOUSLY SUBMITTED, TO:
MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, GEOLOGICAL SURVEY PROGRAM,
PO BOX 290, ROLLA, MO 65402 PHONE: 573-368-2190 FAX: 573-368-2111 EMAIL: oilandgas@dnr.mo.gov

Form 26: [780-1777](https://www.dnr.mo.gov/forms/780-1777)




MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
OIL AND GAS WELL FINANCIAL ASSURANCE INSTRUMENT CERTIFICATION

OBLIGOR (WELL OWNER/OPERATOR) INFORMATION					
NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS OIL AND GAS WELLS IN MISSOURI				OPERATOR LICENSE NUMBER	
MAILING ADDRESS			CITY	STATE	ZIP CODE
PRIMARY CONTACT NAME	TITLE	PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS		
FINANCIAL INSTITUTION INFORMATION (TO BE COMPLETED BY THE INSTITUTION ISSUING THE FINANCIAL ASSURANCE INSTRUMENT (FAI))					
FINANCIAL INSTITUTION NAME		FINANCIAL INSTITUTION MAILING ADDRESS		CITY	STATE ZIP CODE
CONTACT NAME	TITLE	PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS		
FAI INFORMATION (TO BE COMPLETED BY THE ISSUING INSTITUTION. CONDITIONS AND REQUIREMENTS FOR FAIS ARE LOCATED ON THE BACK OF THIS FORM.)					
<input type="checkbox"/> Original FAI Submission <input type="checkbox"/> Amendment to existing FAI					
<input type="checkbox"/> Certificate of Deposit (CD)	ISSUED TO	NUMBER	ISSUE DATE	VALUE	AUTOMATICALLY RENEWABLE <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Irrevocable Surety Bond (SB)	IRREVOCABLE <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER	ISSUE DATE	MAXIMUM VALUE	
<input type="checkbox"/> Irrevocable Letter of Credit (LOC)	ESCROW ACCOUNT ESTABLISHED TO SECURE THIS LOC <input type="checkbox"/> Yes <input type="checkbox"/> No		STATE OF MISSOURI BENEFICIARY OF LOC		AUTOMATICALLY RENEWABLE <input type="checkbox"/> Yes <input type="checkbox"/> No
	IF YES, AMOUNT IN ESCROW ACCOUNT \$	NUMBER	ISSUE DATE	EXPIRATION DATE	VALUE
FAI OBLIGOR PLEDGE CERTIFICATION					
I, the undersigned, certify I am authorized to act as an agent for the submission of this FAI. I confirm the information on this form has been reviewed by me and is true, correct and complete to the best of my knowledge. I agree to ensure this FAI remains in full force and effect until a letter of release is issued by the state geologist. I understand this FAI may be forfeited, without my consent, due to noncompliance with the provisions of Chapter 259, RSMo, and the Missouri Code of State Regulations Oil and Gas Council Rules 10 CSR 50. I have read and agree to the conditions and requirements on the back of this form. I hereby irrevocably pledge the above described FAI to secure the obligor's performance bond(s).					
OBLIGOR SIGNATURE (AUTHORIZED AGENT)		OBLIGOR NAME (PRINT)		TITLE	
NOTARY PUBLIC EMBOSSEY OR RUBBER STAMP SEAL	SUBSCRIBED AND SWORN BEFORE ME, ON THIS				
	DAY OF IN THE YEAR				
	STATE	COUNTY	MY COMMISSION EXPIRES		
	NOTARY PUBLIC SIGNATURE				
NOTARY PUBLIC NAME (PRINT)					
FAI FINANCIAL INSTITUTION PLEDGE CERTIFICATION					
I, the undersigned, certify I am authorized to act as an agent for the financial institution issuing this FAI. I certify the FAI and financial institution information on this form is accurate. I agree to ensure this FAI remains in full force and effect until a letter of release is issued by the state geologist. I have read and agree to the conditions and requirements on the back of this form.					
AUTHORIZED AGENT SIGNATURE		AUTHORIZED AGENT NAME (PRINT)		TITLE	
NOTARY PUBLIC EMBOSSEY OR RUBBER STAMP SEAL	SUBSCRIBED AND SWORN BEFORE ME, ON THIS				
	DAY OF IN THE YEAR				
	STATE	COUNTY	MY COMMISSION EXPIRES		
	NOTARY PUBLIC SIGNATURE				
NOTARY PUBLIC NAME (PRINT)					
FOR OFFICE USE ONLY					
APPROVED BY				DATE	

MO 780-1778 (03-18)

SEND ORIGINAL COMPLETED FORM AND ORIGINAL FINANCIAL ASSURANCE INSTRUMENT TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES,
MISSOURI GEOLOGICAL SURVEY, GEOLOGICAL SURVEY PROGRAM, PO BOX 250, ROLLA, MO 65402
PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: oilandgas@dnr.mo.gov

Form 27: [780-1778](#)

		MISSOURI DEPARTMENT OF NATURAL RESOURCES GEOLOGICAL SURVEY PROGRAM PUMP INFORMATION REPORT		DATE RECEIVED	
ENTERED PH 1 PH 2		CHECK NUMBER	REVENUE NUMBER	REFERENCE NUMBER	
OWNER NAME				TELEPHONE NUMBER WITH AREA CODE	
OWNER ADDRESS		CITY	STATE	ZIP CODE	
ADDRESS OF WELL SITE IF DIFFERENT		CITY	STATE	ZIP CODE	
DRILLER IF KNOWN OR WELL REFERENCE NUMBER	CASING SEAL <input type="checkbox"/> WELL SEAL <input type="checkbox"/> PITLESS ADAPTER <input type="checkbox"/> PITLESS UNIT <input type="checkbox"/> TURBINE <input type="checkbox"/> OTHER _____ REPLACEMENT PUMP <input type="checkbox"/> YES <input type="checkbox"/> NO	STATIC WATER FT.	WELL DEPTH FT.	WELL USE	
GPS LOCATION OF WELL (REQUIRED) Lat. * * * Long. * * * County		PUMP RATE GPM		DEPTH PUMP SET FT.	
		PUMP INSTALLATION DATE			
PUMP INSTALLER CONTRACTOR		PERMIT NUMBER		DATE	
PUMP INSTALLER CONTRACTOR APPRENTICE		PERMIT NUMBER		DATE	

MO 780-1900 (03/19) SEND COMPLETED FORM TO: WELL INSTALLATION SECTION, PO BOX 250, ROLLA, MO 65402 573-368-2165



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
PUBLIC WELL, HIGH YIELD, OPEN LOOP
HEAT PUMP REPORT

FOR OFFICE USE ONLY

REF. NO. DATE RECEIVED
STATE CERT. NO. CR NO.
CHECK NO. REVENUE NO.

ROUTE / /	APPROVED	DATE	ENTERED	PWS ID	CHECK NO.	REVENUE NO.
NAME OF BUSINESS, FACILITY OR SITE THE WELL SERVES (REQUIRED)				PHYSICAL ADDRESS OF THE PROPERTY WHERE WELL IS LOCATED		CITY
WELL OWNER OR FACILITY CONTACT NAME				TELEPHONE NUMBER WITH AREA CODE		
WELL OWNER MAILING ADDRESS				CITY	STATE	ZIP CODE
SEE BACK OF FORM FOR WELL CLASSIFICATIONS						
TYPE OF WELL <input type="checkbox"/> PUBLIC SUPPLY WELL (APPROVAL MUST BE OBTAINED IN ADVANCE BY DNR REGIONAL OFFICE)* <input type="checkbox"/> HIGH YIELD BEDROCK WELL (YIELD >70 GPM MUST HAVE CASING DEPTH DETERMINED BY WELL INSTALLATION SECTION)* <input type="checkbox"/> HIGH YIELD UNCONSOLIDATED MATERIAL WELL <input type="checkbox"/> OPEN LOOP HEAT PUMP (YIELD >70 GPM MUST HAVE CASING DEPTH DETERMINED BY WELL INSTALLATION SECTION)* <input type="checkbox"/> SUPPLY WELL <input type="checkbox"/> RETURN WELL					ATTACH COPY OF THE CASING DEPTH LETTER DNR VARIANCE NUMBER (IF ISSUED)	
CASING AND SCREEN INFORMATION						
CASING LENGTH FT.	OUTSIDE DIAMETER IN.	WEIGHT (LB), SDR#, SCH#	BOREHOLE DIAMETER IN.	MATERIAL <input type="checkbox"/> STEEL <input type="checkbox"/> PLASTIC	DRIVE SHOE USED <input type="checkbox"/> YES <input type="checkbox"/> NO	
SURFACE CASING (IF USED) LENGTH OUTSIDE DIAMETER	FT. IN.	SURFACE CASING GROUTED <input type="checkbox"/> YES <input type="checkbox"/> NO	SCREEN LENGTH (UNCONSOLIDATED MATERIAL WELLS) FT.	SCREEN TYPE / SLOT SIZE / PACKER DEPTH		
CASING GROUT INFORMATION						
POSITION OF SEAL <input type="checkbox"/> FULL LENGTH <input type="checkbox"/> TOP	GROUT TYPE (CHOOSE ONE) CEMENT <input type="checkbox"/> TYPE I <input type="checkbox"/> TYPE III BENTONITE <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS SLURRY <input type="checkbox"/>		NUMBER OF SACKS USED LBS PER SACK OR CUBIC YARDS	METHOD OF GROUT INSTALLATION <input type="checkbox"/> PRESSURE THRU CASING <input type="checkbox"/> PRESSURE THRU TREMIE <input type="checkbox"/> TREMIE <input type="checkbox"/> GRAVITY	DRILLING SUSPENDED <input type="checkbox"/> NO <input type="checkbox"/> YES _____ HRS	
LINER INFORMATION						
LENGTH FT.	OUTSIDE DIAMETER IN.	MATERIAL <input type="checkbox"/> STEEL <input type="checkbox"/> PLASTIC	WEIGHT (LB), SDR#, SCH#	USE (CHOOSE ONLY ONE) <input type="checkbox"/> HOLD BACK FORMATION <input type="checkbox"/> PREVENT RUST <input type="checkbox"/> SEAL OUT UNDESIRABLE CONDITIONS		
POSITION OF SEAL <input type="checkbox"/> FULL LENGTH <input type="checkbox"/> BOTTOM	GROUT TYPE (CHOOSE ONE) CEMENT <input type="checkbox"/> TYPE I <input type="checkbox"/> TYPE III BENTONITE <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS SLURRY <input type="checkbox"/>		NUMBER OF SACKS USED LBS PER SACK	METHOD OF GROUT INSTALLATION <input type="checkbox"/> GRAVITY <input type="checkbox"/> TREMIE <input type="checkbox"/> TREMIE PRESSURE	PACKER DEPTHS ____ / ____ / ____ FT.	
DEPTH FROM TO		FORMATION DESCRIPTION	LOCATION OF WELL OR PUMP LAT. _____ LONG. _____ ____ % _____ % _____ % SEC _____ TWP _____ N R1G _____ E W		COUNTY	ABANDONED WELL ON SITE <input type="checkbox"/> YES <input type="checkbox"/> NO WAS THE WELL PLUGGED <input type="checkbox"/> YES <input type="checkbox"/> NO
			DRILL AREA (OFFICE USE ONLY)		WELL COMPLETION DATE	
			GROUNDWATER INFORMATION		PUMP INFORMATION	
			WELL YIELD GPM	PUMP INSTALLATION DATE	CASING SEAL <input type="checkbox"/> WELL SEAL <input type="checkbox"/> PITLESS UNIT <input type="checkbox"/> TURBINE <input type="checkbox"/> PITLESS ADAPTER	
			STATIC WATER LEVEL FT.	DEPTH PUMP SET FT.		
			DEPTH TO FIRST GROUNDWATER FT.	PUMP RATE GPM		
I HEREBY CERTIFY THE WELL/PUMP INFORMATION HEREIN DESCRIBED IS IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL						
PRIMARY CONTRACTOR (IF DIFFERENT THAN INSTALLATION CONTRACTOR)				PERMIT NUMBER	DATE	
WELL INSTALLATION CONTRACTOR				PERMIT NUMBER	DATE	
PUMP INSTALLATION CONTRACTOR				PERMIT NUMBER	DATE	
WELL INSTALLATION CONTRACTOR APPRENTICE (IF APPLICABLE)				PERMIT NUMBER	DATE	
PUMP INSTALLATION CONTRACTOR APPRENTICE (IF APPLICABLE)				PERMIT NUMBER	DATE	
TOTAL DEPTH FT.						
DEPTH TO BEDROCK FT.						

MO 780-1901 (08-19) MAIL COMPLETED FORM ALONG WITH \$80 CERTIFICATION FEE TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY
WELL INSTALLATION SECTION, PO BOX 280, ROLLA, MO 65402 PHONE: 573-368-2165 FAX: 573-368-2317 EMAIL: welldtform@dnr.mo.gov
RECORD (AND FEES) MAY BE SUBMITTED ONLINE: dnr.mo.gov/mowells

Form 29: 780-1901



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
DOMESTIC/MULTI-FAMILY WELL REPORT
AND PUMP INFORMATION

FOR OFFICE USE ONLY

ROUTE		APPROVED	DATE	ENTERED	STATE CERT NO.	REVENUE NO.
WELL OWNER NAME					TELEPHONE NUMBER WITH AREA CODE	
WELL OWNER MAILING ADDRESS				CITY	STATE	ZIP CODE
PROPERTY NAME OF WELL LOCATION			PHYSICAL ADDRESS OF WELL LOCATION			WELL NUMBER
SEE BACK OF FORM FOR WELL CLASSIFICATIONS AND NUMBER OF CONNECTIONS						
USE OF WELL <input type="checkbox"/> DOMESTIC <input type="checkbox"/> MULTI-FAMILY	COST SHARE <input type="checkbox"/> YES <input type="checkbox"/> NO	VARIANCE NUMBER (IF ISSUED)	CASING DEPTH NUMBER (IF ISSUED)	OWNER SIGNATURE - OPTIONAL (WATER USE INFORMATION VERIFIED BY DATE) OWNER SIGNATURE		DATE
CASING AND SCREEN INFORMATION						
LENGTH FT.	OUTSIDE DIAMETER IN.	WEIGHT (LB), SDR# SCH#	BOREHOLE DIAMETER IN.	MATERIAL <input type="checkbox"/> STEEL <input type="checkbox"/> CONCRETE <input type="checkbox"/> PLASTIC <input type="checkbox"/> FIBERGLASS	DRIVE SHOE USED (STEEL ONLY) <input type="checkbox"/> YES <input type="checkbox"/> NO	PACKER ON PVC CASING (CHOOSE ONLY ONE) <input type="checkbox"/> NONE <input type="checkbox"/> INVERTED BELL <input type="checkbox"/> COUPLING <input type="checkbox"/> RUBBER BOOT
SURFACE CASING (IF USED) LENGTH OUTSIDE DIAMETER		SURFACE CASING GROUTED FT. <input type="checkbox"/> YES # OF SACKS IN. <input type="checkbox"/> NO		SCREEN LENGTH (UNCONSOLIDATED MATERIAL WELLS) FT.		
CASING GROUT INFORMATION						
POSITION OF SEAL <input type="checkbox"/> BOTTOM <input type="checkbox"/> TOP <input type="checkbox"/> FULL LENGTH	TYPE (CHOOSE ONE) CEMENT <input type="checkbox"/> TYPE I <input type="checkbox"/> TYPE II BENTONITE <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS GRANULAR <input type="checkbox"/> SLURRY		NUMBER OF SACKS USED LBS PER SACK OR CUBIC YARDS		METHOD OF INSTALLATION (CHOOSE ONLY ONE) <input type="checkbox"/> GRAVITY <input type="checkbox"/> OPEN HOLE <input type="checkbox"/> POSITIVE DISPLACEMENT <input type="checkbox"/> TREMIE <input type="checkbox"/> PRESSURE THROUGH CASING <input type="checkbox"/> PRESSURE THROUGH TREMIE	
LINER INFORMATION						
LENGTH FT.	OUTSIDE DIAMETER IN.	MATERIAL <input type="checkbox"/> STEEL <input type="checkbox"/> PLASTIC	WEIGHT (LB), SDR# SCH#	USE (CHOOSE ONLY ONE) <input type="checkbox"/> HOLD BACK FORMATION <input type="checkbox"/> PREVENT RUST <input type="checkbox"/> SEAL OUT UNDESIRABLE CONDITIONS		DEPTH TO TOP OF LINER FT. FROM TO
LINER GROUT INFORMATION						
POSITION OF SEAL <input type="checkbox"/> FULL LENGTH <input type="checkbox"/> BOTTOM	TYPE (CHOOSE ONE) CEMENT <input type="checkbox"/> TYPE I <input type="checkbox"/> TYPE II BENTONITE <input type="checkbox"/> CHIPS <input type="checkbox"/> PELLETS GRANULAR <input type="checkbox"/> SLURRY		NUMBER OF SACKS USED LBS PER SACK		METHOD OF INSTALLATION <input type="checkbox"/> GRAVITY <input type="checkbox"/> TREMIE <input type="checkbox"/> TREMIE PRESSURE	
DEPTH FROM TO		FORMATION DESCRIPTION		LOCATION OF WELL OR PUMP LAT. ° ' " N LONG. ° ' " W SEC. TWP. N. R. E. W.		COUNTY
						ABANDONED WELL ON SITE <input type="checkbox"/> YES <input type="checkbox"/> NO WAS THE WELL PLUGGED <input type="checkbox"/> YES <input type="checkbox"/> NO WELL COMPLETION DATE
PUMP INFORMATION						
WELL YIELD GPM		PUMP INSTALLATION DATE		REPLACEMENT PUMP <input type="checkbox"/> YES <input type="checkbox"/> NO		
STATIC WATER LEVEL FT.		DEPTH PUMP SET FT.		CASING SEAL <input type="checkbox"/> WELL SEAL <input type="checkbox"/> PITLESS ADAPTER <input type="checkbox"/> OTHER		
DEPTH TO FIRST GROUNDWATER FT.		PUMP RATE GPM				
I HEREBY CERTIFY THE WELL/PUMP INFORMATION DESCRIBED IS IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS. (ALL FIELDS MUST BE COMPLETED BUT ONLY ONE SIGNATURE IS REQUIRED.)						
PRIMARY CONTRACTOR (IF DIFFERENT THAN INSTALLATION CONTRACTOR)				PERMIT NUMBER		DATE
WELL INSTALLATION CONTRACTOR				PERMIT NUMBER		DATE
PUMP INSTALLATION CONTRACTOR				PERMIT NUMBER		DATE
WELL INSTALLATION CONTRACTOR APPRENTICE (IF APPLICABLE)				PERMIT NUMBER		DATE
PUMP INSTALLATION CONTRACTOR APPRENTICE (IF APPLICABLE)				PERMIT NUMBER		DATE
DEPTH TO BEDROCK FT.		TOTAL DEPTH FT.				

MO 780-1902 (8-19) SEND COMPLETED FORM ALONG WITH \$80 CERTIFICATION FEE TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, WELL INSTALLATION SECTION, PO BOX 230, ROLLA, MO 65402 PHONE: 573-365-2165 FAX: 573-365-2317 EMAIL: welldrillers@dnr.mo.gov RECORD (AND FEE) MAY BE SUBMITTED ONLINE: dnr.mo.gov/mowells



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
FINANCIAL ASSURANCE INSTRUMENT CERTIFICATION

OBLIGOR (WELL OWNER/OPERATOR) INFORMATION					
NAME OF COMPANY, ORGANIZATION, INDIVIDUAL					
MAILING ADDRESS			CITY	STATE	ZIP CODE
PRIMARY CONTACT NAME		TITLE	PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS	
FINANCIAL INSTITUTION INFORMATION (TO BE COMPLETED BY THE INSTITUTION ISSUING THE FINANCIAL ASSURANCE INSTRUMENT (FAI))					
FINANCIAL INSTITUTION NAME		FINANCIAL INSTITUTION MAILING ADDRESS		CITY	STATE ZIP CODE
CONTACT NAME		TITLE	PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS	
FAI INFORMATION (TO BE COMPLETED BY THE ISSUING INSTITUTION. CONDITIONS AND REQUIREMENTS FOR THE FAI IS LOCATED ON THE BACK OF THIS FORM.)					
FAI SUBMISSION <input type="checkbox"/> Original FAI <input type="checkbox"/> Amendment to existing FAI					
<input type="checkbox"/> Certificate of Deposit (CD)	ISSUED TO		NUMBER	ISSUE DATE	VALUE AUTOMATICALLY RENEWABLE <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Irrevocable Surety Bond (SB)	IRREVOCABLE <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER		ISSUE DATE	MAXIMUM VALUE
<input type="checkbox"/> Irrevocable Letter of Credit (LOC)	ESCROW ACCOUNT ESTABLISHED TO SECURE THIS LOC <input type="checkbox"/> Yes <input type="checkbox"/> No			STATE OF MISSOURI BENEFICIARY OF LOC AUTOMATICALLY RENEWABLE <input type="checkbox"/> Yes <input type="checkbox"/> No	
	IF YES, AMOUNT IN ESCROW ACCOUNT \$		NUMBER	ISSUE DATE	EXPIRATION DATE VALUE
FAI OBLIGOR PLEDGE CERTIFICATION					
I, the undersigned, certify I am authorized to act as an agent for the submission of this FAI. I confirm the information on this form has been reviewed by me and is true, correct and complete to the best of my knowledge. I agree to ensure this FAI remains in full force and effect until a letter of release is issued by the state of Missouri. I understand this FAI may be forfeited, without my consent, due to noncompliance with the provisions of Chapter 255, RSMo, and the Missouri Well Construction Rules 10 CSR 23. I have read and agree to the conditions and requirements on the back of this form. I hereby irrevocably pledge the above described FAI to secure the obligor's performance bond(s).					
OBLIGOR SIGNATURE (AUTHORIZED AGENT)		OBLIGOR NAME (PRINT)		TITLE	
NOTARY PUBLIC EMBOSSE OR RUBBER STAMP SEAL		SUBSCRIBED AND SWORN BEFORE ME, ON THIS DAY OF IN THE YEAR			
		STATE		COUNTY	MY COMMISSION EXPIRES
		NOTARY PUBLIC SIGNATURE			
		NOTARY PUBLIC NAME (PRINT)			
FAI FINANCIAL INSTITUTION PLEDGE CERTIFICATION					
I, the undersigned, certify I am authorized to act as an agent for the financial institution issuing this FAI. I certify the FAI and financial institution information on this form is accurate. I agree to ensure this FAI remains in full force and effect until a letter of release is issued by the state of Missouri. I have read and agree to the conditions and requirements on the back of this form.					
AUTHORIZED AGENT SIGNATURE		AUTHORIZED AGENT NAME (PRINT)		TITLE	
NOTARY PUBLIC EMBOSSE OR RUBBER STAMP SEAL		SUBSCRIBED AND SWORN BEFORE ME, ON THIS DAY OF IN THE YEAR			
		STATE		COUNTY	MY COMMISSION EXPIRES
		NOTARY PUBLIC SIGNATURE			
		NOTARY PUBLIC NAME (PRINT)			
FOR OFFICE USE ONLY					
APPROVED BY				DATE	

MO 780-2054 (11-18)

SEND ORIGINAL COMPLETED FORM AND ORIGINAL FINANCIAL ASSURANCE INSTRUMENT TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES,
MISSOURI GEOLOGICAL SURVEY, WELL INSTALLATION SECTION, PO BOX 256, ROLLA, MO 65402
PHONE: 573-368-2165 FAX: 573-368-2317 EMAIL: wellinstallers@dnr.mo.gov

Form 31: 780-2054



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
LOST OR DESTROYED WELL REPORT

OFFICE USE ONLY

REF NO.	DATE RECEIVED
ENTERED	DATE
STATUS <input type="checkbox"/> Verified <input type="checkbox"/> Case # _____	DATE

OWNER AND SITE INFORMATION

PROPERTY OWNER NAME WHERE WELL IS LOCATED	CONTACT PERSON FOR PROPERTY OWNER	PRIMARY PHONE NUMBER WITH AREA CODE	
PROPERTY OWNER MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS OF PROPERTY WHERE WELL(S) IS LOCATED	CITY	NAME OF SITE OR CLEANUP PROJECT	
LOCATION OF WELL SITE Latitude ° ' " Longitude ° ' "	COUNTY	DNV/EP/PA PROJECT NUMBER OR REGULATORY SITE ID NUMBER (IF APPLICABLE)	

LOST WELL INFORMATION

WELL NUMBER	CERTIFICATION OR REFERENCE NUMBER	DATE WELL WAS CONSTRUCTED	GPS COORDINATE OF KNOWN OR APPROXIMATE WELL LOCATION	NAME OR PERMIT NUMBER OF THE WELL INSTALLATION CONTRACTOR (IF KNOWN)

- If more space is needed to report additional lost well(s), please attach a separate page to this form.
- In the space below, please state the reason(s) the well(s) cannot be located and/or plugged. For example, well was paved over, new building was constructed, etc.
- Describe what attempts were made to locate and/or plug the well(s) listed above.
- Attach a site map indicating approximate location(s) of lost well(s), if available.

I hereby attest that the well(s) described above cannot be properly plugged due to alteration, or because a well(s) was unable to be located by way of a thorough search and investigation. This report is being provided to notify the department of natural resources of the existence of lost well(s) at this location. By supplying this information, I take no responsibility for the actions that resulted in the well(s) being lost or destroyed, nor do I imply who is or was responsible for such acts.

SIGNATURE	PERMIT NUMBER (IF APPLICABLE)	DATE REPORTED
PRINTED NAME	PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS

MO 780-2158 (01-18) SEND COMPLETED FORM TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, WELL INSTALLATION SECTION,
PO BOX 299, ROLLA, MO 65402 PHONE: 573-388-3165 FAX: 573-388-2317 EMAIL: wells@dnr.mo.gov
NO FEE IS REQUIRED FOR WELLS THAT CANNOT BE LOCATED AFTER EXHAUSTIVE SEARCH AND INVESTIGATION

Form 32: [780-2158](#)



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
**MONITORING WELL/TEST HOLE/SOIL AND GEOTECHNICAL
BORING PLUGGING REGISTRATION REPORT**

FOR OFFICE USE ONLY	
REF NO.	DATE RECEIVED
CR NO.	CHECK NO.

ROUTE / /	APPROVED	DATE	ENTERED	STATE CERT NO.	REVENUE NO.
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OWNER AND SITE INFORMATION

PROPERTY OWNER NAME WHERE WELL IS LOCATED		PRIMARY PHONE NUMBER WITH AREA CODE	
PROPERTY OWNER MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS OF PROPERTY WHERE WELL IS LOCATED		CITY	
NAME OF SITE, BUSINESS, OR CLEANUP PROJECT	DNR/EPA PROJECT NUMBER OR REGULATORY SITE ID NUMBER (IF APPLICABLE)		VARIANCE NUMBER (IF ISSUED)
PRIMARY CONTRACTOR NAME (PLEASE PRINT)	PERMIT NUMBER	Section 256.607(3), RSMo, requires all primary contractors to comply with all rules and regulations promulgated pursuant to Sections 256.600 to 256.640 RSMo.	

LOCATION INFORMATION

Latitude _____ ° _____ ' _____ "	COUNTY	_____ ° _____ ' _____ "
Longitude _____ ° _____ ' _____ "	Section _____ Township _____ N Range _____ E _____ W	

MONITORING WELL INFORMATION

DATE WELL PLUGGED	ORIGINAL DRILLER (IF KNOWN)	DATE ORIGINALLY DRILLED (IF KNOWN)	REFERENCE NUMBER (IF KNOWN)	WELL NUMBER		
DEPTH OF WELL ft.	STATIC WATER LEVEL ft.	LENGTH OF RISER AND SCREEN ft.	DIAMETER OF RISER AND SCREEN in.	RISER AND SCREEN PLUGGED IN PLACE <input type="checkbox"/> Yes <input type="checkbox"/> No (Removed)	PUMP OR SAMPLING EQUIPMENT REMOVED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	CASING REMOVED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

TEMPORARY MONITORING WELL/SOIL BORING/GEOTECHNICAL BORING INFORMATION

Quantity	Depth of Well or Boring (ft.)	Diameter (in.)	Total Depth (Linear Feet) of All Wells or Borings	TOTAL NUMBER OF WELLS/BORINGS	
				AVERAGE DEPTH OF ALL WELLS/BORINGS	
				DATE FIRST WELLBORING WAS PLUGGED	DATE LAST WELLBORING WAS PLUGGED

TEST HOLE INFORMATION

DATE TEST HOLE PLUGGED	DEPTH OF WELL ft.	LENGTH OF GROUT PLUG Bottom _____ ft. Top _____ ft.	DAVIS FORMATION REACHED <input type="checkbox"/> Yes <input type="checkbox"/> No	MECHANICAL PACKER (IF USED) <input type="checkbox"/> Yes, Depth _____ ft. <input type="checkbox"/> No	AMOUNT OF CLEAN FILL (IF USED) _____ Tons or _____ Cubic Yards	CASING REMOVED (CHOOSE ONE) <input type="checkbox"/> Yes, Diameter of Remaining Borehole _____ in. <input type="checkbox"/> No, Diameter of Casing _____ in.
------------------------	----------------------	---	---	--	---	--

PLUGGING INFORMATION (This section is required in addition to one of the well, soil boring or test hole sections above.)

WELL REMOVED BY EXCAVATION <input type="checkbox"/> Yes <input type="checkbox"/> No	GROUT INSTALLATION METHOD <input type="checkbox"/> Gravity <input type="checkbox"/> Tremie <input type="checkbox"/> Pressure	GROUT MATERIAL USED CEMENT <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III	BENTONITE <input type="checkbox"/> Chips <input type="checkbox"/> Pellets <input type="checkbox"/> Slurry <input type="checkbox"/> Other	NUMBER OF SACKS OF GROUT USED LBS PER SACK _____	NUMBER OF GALLONS OF WATER USED PER SACK _____	GROUT HYDRATED TO SATURATION <input type="checkbox"/> Yes <input type="checkbox"/> No
FINISHED SURFACE MATERIAL <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Soil <input type="checkbox"/> Other	SURFACE MATERIAL DEPTH _____ ft. _____ in.	DRILLER NOTES				

I hereby certify that the monitoring well herein described was plugged in accordance with the Department of Natural Resources requirements.

MONITORING WELL INSTALLATION CONTRACTOR	PERMIT NUMBER	DATE
MONITORING WELL INSTALLATION CONTRACTOR APPRENTICE (IF APPLICABLE)	PERMIT NUMBER	DATE

MO-750-2151 (05-19) SEND COMPLETED FORM ALONG WITH \$30 REGISTRATION FEE TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, WELL INSTALLATION SECTION, PO BOX 250, ROLLA, MO 65402 PHONE: 573-368-2165 FAX: 573-368-2317 EMAIL: wellinstallers@dnr.mo.gov
SUBMIT RECORD AND FEE WITHIN 60 DAYS AFTER WELL PLUGGING OR WITHIN 180 DAYS AFTER THE PLUGGING OF TEMPORARY WELLS
RECORD (AND FEE) MAY BE SUBMITTED ONLINE: dnr.mo.gov/mowells



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
**NESTED MONITORING WELL
CERTIFICATION REPORT**

OFFICE USE ONLY

REF NO.	DATE RECEIVED		
CR NO.	CHECK NO.		
STATE WELL NUMBER	REVENUE NO.		
ENTERED	APPROVED	DATE	ROUTE

NOTE: Approval is required prior to installation of nested well.

OWNER AND SITE INFORMATION

PROPERTY OWNER NAME WHERE WELL IS LOCATED		PRIMARY PHONE NUMBER WITH AREA CODE	
PROPERTY OWNER MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS OF PROPERTY WHERE WELL IS LOCATED		CITY	
NAME OF SITE, BUSINESS, OR CLEANUP PROJECT		DNR/DEPA PROJECT NUMBER OR REGULATORY SITE ID NUMBER (IF APPLICABLE)	
PRIMARY CONTRACTOR NAME (PLEASE PRINT)		PERMIT NUMBER	Section 256.607(3), RSMo, requires all primary contractors to comply with all rules and regulations promulgated pursuant to Sections 256.600 to 256.640 RSMo.

LOCATION INFORMATION

Latitude _____ ° _____ ' _____ "	COUNTY _____	_____ ° _____ ' _____ "
Longitude _____ ° _____ ' _____ "	Section _____ Township _____ N Range _____ E _____ W	

MONITORING WELL INFORMATION - IF WELL IS CAGED, SUBMIT ADDITIONAL AS-BUILT DIAGRAMS SHOWING WELL CONSTRUCTION DETAILS INCLUDING TYPE AND SIZE OF CASING, HOLE DIAMETERS AND GROUT USED

DEPTH		FORMATION DESCRIPTION (OR ATTACH BORING LOG*)	TYPE OF WELL	MONITORING FOR (CHECK ALL THAT APPLY)	
FROM	TO		<input type="checkbox"/> Standard Nested Well <input type="checkbox"/> Soil Vapor Probe	<input type="checkbox"/> Explosives <input type="checkbox"/> Metals <input type="checkbox"/> Pesticides/Herbicides <input type="checkbox"/> Petroleum <input type="checkbox"/> Radionuclides <input type="checkbox"/> SVOCs <input type="checkbox"/> VOCs	
			WELL NUMBER	VARIANCE NUMBER (IF ISSUED)	WELL COMPLETION DATE
DRILLER NOTES:					
TOTAL DEPTH OF WELL		<input type="checkbox"/> *Boring Log Attached			
ft.		ft.			
STATIC WATER LEVEL					
ft.					

SURFACE COMPLETION INFORMATION

<input type="checkbox"/> Above Ground <input type="checkbox"/> Flush Mount	LENGTH OF SURFACE COMPLETION	DIAMETER OF SURFACE COMPLETION	DEPTH AND DIAMETER OF THE HOLE SURFACE COMPLETION WAS PLACED	SURFACE COMPLETION MATERIAL
	ft.	in.	ft. in.	<input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Plastic
WEEP HOLE <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain _____	VENTED CAP <input type="checkbox"/> Yes <input type="checkbox"/> No	LOCKING CAP <input type="checkbox"/> Yes <input type="checkbox"/> No	SURFACE COMPLETION GROUT <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____	

RISER PIPE/TUBE #1 DETAIL

DIAMETER	LENGTH	MATERIAL	WEIGHT, SDR# OR SCH#	CONNECTION MADE BY GLUE	DIAMETER OF BOREHOLE
in.	ft.	<input type="checkbox"/> Steel <input type="checkbox"/> Thermoplastic (PVC) <input type="checkbox"/> Other _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	in.

WELL SCREEN #1 DETAIL

DIAMETER	LENGTH	MATERIAL	DIAMETER OF BOREHOLE
in.	ft.	<input type="checkbox"/> Steel <input type="checkbox"/> Thermoplastic (PVC) <input type="checkbox"/> Other _____	in.

PRIMARY FILTER PACK/GROUT SEAL #1 DETAIL

LENGTH OF FILTER PACK	DEPTH TO TOP OF PRIMARY FILTER PACK	BENTONITE SEAL	GROUT MATERIAL
From _____ ft. To _____ ft.	ft.	From _____ ft. To _____ ft.	<input type="checkbox"/> Chips <input type="checkbox"/> Granular <input type="checkbox"/> Pellets <input type="checkbox"/> Slurry
SECONDARY FILTER PACK USED <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Length _____ ft.	ANNUAL SEAL USED <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Length _____ ft.	GROUT MATERIAL <input type="checkbox"/> Chips <input type="checkbox"/> Granular <input type="checkbox"/> Pellets <input type="checkbox"/> Slurry <input type="checkbox"/> Cement Slurry	

MO 780-2169 (01-18)

Form 34: [780-2169](#)



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
**CHARITABLE OR BENEVOLENT
ORGANIZATION WELL REPORT AND
PUMP INFORMATION**

FOR OFFICE USE ONLY		DATE RECEIVED	
REF NO.		CR NO.	
STATE CERT NO.	REVENUE NO.	CHECK NO.	
ROUTE	APPROVED	DATE	ENTERED

INFORMATION SUPPLIED BY WELL OR PUMP INSTALLATION CONTRACTOR

ORGANIZATION/OWNER NAME		OFFICIAL REPRESENTATIVE CONTACT NAME		PRIMARY PHONE NUMBER WITH AREA CODE	
OWNER ADDRESS (STREET NUMBER AND ADDRESS)		CITY	STATE	ZIP	
PHYSICAL ADDRESS OF WELL (IF DIFFERENT THAN ABOVE - NO PO BOX)		CITY	VARIANCE NUMBER (IF ISSUED)	CASING DEPTH LETTER <input type="checkbox"/> YES <input type="checkbox"/> NO	

WATER USE INFORMATION AND EXEMPTION REQUIREMENTS (ALL REQUIREMENTS MUST BE MET TO QUALIFY)

<input type="checkbox"/> This organization's purpose and function is charitable and/or benevolent	<input type="checkbox"/> This well will not serve a school or day care facility
<input type="checkbox"/> This well will not serve an average of 100 people or more over 60 days of the year	<input type="checkbox"/> This well will serve only buildings owned by the organization
I hereby attest that the above conditions are true and therefore this organization meets all the exemption requirements. I understand that if at any time this well no longer meets these requirements, I or another official representative of this organization must immediately contact the Department of Natural Resources' Public Drinking Water Branch.	
OWNER OR FACILITY DESIGNEE SIGNATURE REQUIRED	
DATE	

CASING INFORMATION

LENGTH ft.	OUTSIDE DIAMETER in.	WEIGHT lb.	DRILL HOLE DIAMETER in.	MATERIAL <input type="checkbox"/> Steel <input type="checkbox"/> Plastic (variance required)	DRIVE SHOE USED <input type="checkbox"/> Yes <input type="checkbox"/> No	RUBBER BOOT/PACKER <input type="checkbox"/> Yes <input type="checkbox"/> No
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CASING GROUT INFORMATION

WAS THE CASING GROUTED FULL LENGTH <input type="checkbox"/> Yes <input type="checkbox"/> No	GROUT TYPE (CHOOSE ONE) CEMENT <input type="checkbox"/> Type I BENTONITE <input type="checkbox"/> High Solid Slurry	Number of Sacks Used _____ LBS per Sack _____ or Cubic Yards _____	METHOD OF INSTALLATION <input type="checkbox"/> Tremie <input type="checkbox"/> Pressure through casing <input type="checkbox"/> Pressure through tremie	DRILLING SUSPENDED <input type="checkbox"/> Yes _____ Hrs. <input type="checkbox"/> No
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LINER INFORMATION

LENGTH ft.	OUTSIDE DIAMETER in.	DEPTH TO TOP OF LINER ft.	LINER MATERIAL <input type="checkbox"/> Steel <input type="checkbox"/> Plastic	USE (CHOOSE ONLY ONE) <input type="checkbox"/> Hold back formation <input type="checkbox"/> prevent rust <input type="checkbox"/> Seal out undesirable conditions
---------------	-------------------------	------------------------------	--	---

LINER GROUT INFORMATION

POSITION OF SEAL <input type="checkbox"/> Full Length <input type="checkbox"/> Bottom	GROUT TYPE CEMENT <input type="checkbox"/> Type I BENTONITE (variance required) <input type="checkbox"/> Chips <input type="checkbox"/> Granular <input type="checkbox"/> Pellets <input type="checkbox"/> Slurry	Number of Sacks Used _____ LBS per Sack _____	METHOD OF GROUT INSTALLATION <input type="checkbox"/> Gravity <input type="checkbox"/> Displacement <input type="checkbox"/> Open Hole <input type="checkbox"/> Tremie	DEPTH PACKERS SET / / / ft.
---	---	--	--	--------------------------------

DEPTH FROM TO		FORMATION DESCRIPTION	LOCATION OF WELL OR PUMP Latitude _____ Longitude _____	COUNTY
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LEGAL LOCATION _____ 1/4 _____ 1/4 _____ 1/4 Section _____ Township _____ N Range _____ E W	DRILL AREA (for office use only)	ABANDONED WELL ON SITE <input type="checkbox"/> Yes <input type="checkbox"/> No
---	-------------------------------------	--

WELL COMPLETION DATE	PUMP INFORMATION
WELL YIELD gpm	PUMP INSTALLATION DATE
STATIC WATER LEVEL ft.	DEPTH PUMP SET ft.
DEPTH TO FIRST GROUNDWATER ft.	PUMP RATE gpm

I hereby certify the well/pump information described herein is true and accurate		
PRIMARY CONTRACTOR SIGNATURE	PERMIT #	DATE
WELL DRILLER SIGNATURE	PERMIT #	DATE
PUMP INSTALLER SIGNATURE	PERMIT #	DATE
WELL DRILLER APPRENTICE SIGNATURE	PERMIT #	DATE
DEPTH TO BEDROCK TOTAL DEPTH ft.	PUMP INSTALLER APPRENTICE SIGNATURE	PERMIT # DATE

MO 780-2185 (2-1-18) SEND COMPLETED FORM ALONG WITH \$40 CERTIFICATION FEE TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY
WELL INSTALLATION SECTION, PO BOX 250, ROLLA, MO 65402 PHONE: 573-368-2185 FAX: 573-368-2317 EMAIL: wellinstall@mnr.mo.gov

SEND COMPLETED FORM ALONG WITH \$80 CERTIFICATION FEE TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY
WELL INSTALLATION SECTION, PO BOX 280, ROLLA, MO 65402 PHONE: 573-368-2168 FAX: 573-368-2317 EMAIL: welldis@dnr.mo.gov



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
OIL AND GAS NOTICE TO CANCEL WELL PERMIT

WELL PERMIT INFORMATION		
NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS OIL AND GAS WELLS IN MISSOURI		OPERATOR LICENSE NUMBER
PRODUCTION UNIT (LEASE OR SURFACE UNIT NAME)		COUNTY
API NUMBER	WELL NUMBER	PERMIT NUMBER
STATE REASON FOR WELL PERMIT CANCELLATION		
<p>CERTIFICATION</p> <p>I, the undersigned, certify that:</p> <ul style="list-style-type: none"> I am authorized to act as an agent for this company. The well was never drilled and requires no remedial or plugging actions, as required by the Missouri Code of State Regulations Oil and Gas Rules 10 CSR 50. The information on this form has been reviewed by me and is true, correct and complete to the best of my knowledge. 		
PRINT NAME	TITLE	COMPANY
PRIMARY TELEPHONE NUMBER WITH AREA CODE	EMAIL ADDRESS	
SIGNATURE		DATE

Form 780-2227 (03-18) SEND COMPLETED FORM TO: DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, GEOLOGIC RESOURCES SECTION,
PO BOX 250, ROLLA, MO 65402-0250 PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: oilandgas@dnr.mo.gov

Form 37: [780-2227](#)



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
OIL AND GAS NON-COMMERCIAL OPERATOR'S
LICENSE APPLICATION

FOR OFFICE USE ONLY

PROCESSED BY	DATE RECEIVED
CHECK NUMBER	CHECK AMOUNT
LICENSED CALENDAR YEAR	LICENSE NUMBER

APPLICATION TYPE

☐ New ☐ Renewal ☐ Information Update Only (Fee not required)

WELL OWNER INFORMATION

NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS OIL AND GAS WELLS IN MISSOURI		OPERATOR LICENSE NUMBER (IF RENEWAL OR UPDATE)	
MAILING ADDRESS	CITY	STATE	ZIP
PHYSICAL ADDRESS (IF DIFFERENT THAN ABOVE)		PRIMARY PHONE NUMBER WITH AREA CODE	
EMAIL ADDRESS		IF WELL OWNERSHIP CHANGE OCCURRED, GIVE PREVIOUS NAME	

ADDITIONAL CONTACT INFORMATION

Name	Title	Primary Phone Number with Area Code	Email Address
PRIMARY		EXT.	
SECONDARY		EXT.	
OTHER		EXT.	

METHOD OF PAYMENT

☐ Check or Money Order (Please enclose check, payable to Department of Natural Resources, with submitted form.)
☐ Credit Card (Transaction fee applies. Please attach contact information of person authorized to make transaction.)
☐ Automated Clearing House (Please attach contact information of person authorized to make transaction.)

AMOUNT DUE
\$50.00

CERTIFICATION

I, the undersigned, certify that:

- I am authorized to make this report.
- The facts stated herein are true, correct and complete to the best of my knowledge.
- I understand that after any change occurs as to facts stated in this report as submitted and filed, a supplementary report shall be filed with the state geologist with respect to such change within thirty (30) calendar days after the effective date of change.
- I have read and agree to comply with the statutes, rules and provisions pursuant to Chapter 259, RSMo, and the Missouri Code of State Regulations Oil and Gas Council Rules 10 CSR 50.

PRINT NAME	PRINT COMPANY/ORGANIZATION NAME
SIGNATURE	DATE

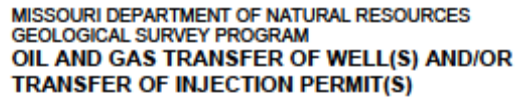
FOR OFFICE USE ONLY

APPROVED BY	DATE
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MO 780-2598 (03-18)

SEND COMPLETED FORM ALONG WITH \$50 LICENSE FEE BY JANUARY 1 TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES
MISSOURI GEOLOGICAL SURVEY, GEOLOGIC RESOURCES SECTION, PO BOX 250, ROLLA, MO 65402
PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: ollandgas@dnr.mo.gov

Form 38: [780-2598](https://www.dnr.mo.gov/forms/780-2598)



MO 780-2634 (04-18) SEND COMPLETED FORM ALONG WITH REQUESTED INFORMATION TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES,
MISSOURI GEOLOGICAL SURVEY, GEOLOGIC RESOURCES SECTION, PO BOX 250, ROLLA, MO 65402
PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: colandrea@dnr.mo.gov



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
OIL AND GAS MECHANICAL INTEGRITY TEST REPORT

WELL OWNER INFORMATION				
NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL			OPERATOR LICENSE NUMBER	
WELL INFORMATION				
LEASE NAME		API NUMBER	WELL NUMBER	
TEST DATE		MAXIMUM APPROVED WELL INJECTION PRESSURE		
TEST INFORMATION (SEE BACK OF FORM FOR REGULATIONS REGARDING MECHANICAL INTEGRITY TESTING)				
TYPE OF TEST (CHOOSE ONE) <input type="checkbox"/> Pressure <input type="checkbox"/> Radioactive Tracer Survey <input type="checkbox"/> Temperature Survey <input type="checkbox"/> Other _____				
WELL CONSTRUCTION TYPE AND CORRESPONDING TEST PROCEDURE (SEE BACK OF FORM FOR TEST PROCEDURES) <input type="checkbox"/> Without tubing and packer Procedure 1A <input type="checkbox"/> With tubing and packer Procedure 1B <input type="checkbox"/> With tubing and no packer Procedure 1C <input type="checkbox"/> With tubing and no packer Procedure 1D				
TEST RESULTS				
Fluid used for test (water, nitrogen, CO ₂ , compressed air, etc.) _____				
Depth to top of perforation _____ Packer set depth _____				
Fluid depression <input type="checkbox"/> Yes <input type="checkbox"/> No				
Calculate the required fluid depression pressure using the equation below. The minimum pressure required for this well type and construction is listed on the back of this form. (depth to top perforation _____ feet) - (depth to fluid level _____ feet) X (0.433) psi/ft = _____ psi				
	Run #1	Run #2	Run #3	Run #4
Start Time				
End Time				
Length of Test				
Initial Pressure (PSI)				
Ending Pressure (PSI)				
Pressure Change				
COMMENTS				
CERTIFICATION				
I, the undersigned, certify that: • The information submitted on this form is true and correct. • This test was conducted in accordance with the Missouri Code of State Regulations Oil and Gas Council Rule 10 CSR 50-2.055.				
PRINT NAME		TITLE	COMPANY	
PRIMARY PHONE NUMBER WITH AREA CODE		EMAIL ADDRESS		
SIGNATURE			DATE	
FOR OFFICE USE ONLY				
TEST RESULTS <input type="checkbox"/> Pass <input type="checkbox"/> Fail		COMMENTS		
WITNESSED <input type="checkbox"/> Yes <input type="checkbox"/> No				
APPROVED BY			DATE	

Form 780-2635 (03-17)

SEND COMPLETED FORM WITHIN 30 DAYS OF TEST DATE TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES,
MISSOURI GEOLOGICAL SURVEY, GEOLOGIC RESOURCES SECTION, PO BOX 250, ROLLA, MO 65402-0250
PHONE: 573-368-2143 FAX: 573-368-2111 EMAIL: plmcdon@dnr.mo.gov

Form 40: [780-2635](#)



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
OIL AND GAS ANNUAL BONDING REPORT

OBLIGOR (WELL OWNER/OPERATOR) INFORMATION				
NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS OIL AND GAS WELLS IN MISSOURI				OPERATOR LICENSE NUMBER
ISSUING FINANCIAL INSTITUTION INFORMATION (TO BE COMPLETED BY THE INSTITUTION ISSUING THE FINANCIAL ASSURANCE INSTRUMENT (FAI))				
FINANCIAL INSTITUTION NAME		FINANCIAL INSTITUTION MAILING ADDRESS	CITY	STATE ZIP CODE
CONTACT NAME	TITLE	PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS	
FAI INFORMATION (TO BE COMPLETED BY THE INSTITUTION ISSUING THE FAI)				
FAI TYPE: Certificate of Deposit (CD) Irrevocable Surety Bond (SB) Irrevocable Letter of Credit (LOC)				
FAI TYPE (SELECT ONE) <input type="checkbox"/> CD <input type="checkbox"/> SB <input type="checkbox"/> LOC	FAI NUMBER	FAI AMOUNT	DATE ISSUED	
FAI TYPE (SELECT ONE) <input type="checkbox"/> CD <input type="checkbox"/> SB <input type="checkbox"/> LOC	FAI NUMBER	FAI AMOUNT	DATE ISSUED	
FAI TYPE (SELECT ONE) <input type="checkbox"/> CD <input type="checkbox"/> SB <input type="checkbox"/> LOC	FAI NUMBER	FAI AMOUNT	DATE ISSUED	
FAI TYPE (SELECT ONE) <input type="checkbox"/> CD <input type="checkbox"/> SB <input type="checkbox"/> LOC	FAI NUMBER	FAI AMOUNT	DATE ISSUED	
FAI TYPE (SELECT ONE) <input type="checkbox"/> CD <input type="checkbox"/> SB <input type="checkbox"/> LOC	FAI NUMBER	FAI AMOUNT	DATE ISSUED	
FAI TYPE (SELECT ONE) <input type="checkbox"/> CD <input type="checkbox"/> SB <input type="checkbox"/> LOC	FAI NUMBER	FAI AMOUNT	DATE ISSUED	
FAI TYPE (SELECT ONE) <input type="checkbox"/> CD <input type="checkbox"/> SB <input type="checkbox"/> LOC	FAI NUMBER	FAI AMOUNT	DATE ISSUED	
FINANCIAL INSTITUTION'S FAI ANNUAL CERTIFICATION				
I, the undersigned, certify that: <ul style="list-style-type: none">I am authorized to make this report for this financial institution.The financial assurance instrument(s) listed above is valid, in full effect, and will remain in place as a financial assurance instrument(s), submitted to secure the obligor's bond(s) with the State of Missouri and in accordance with the Missouri Code of State Regulations Oil and Gas Council Rules 10 CSR 50-2.020.The financial assurance instrument(s) will not be released to the obligor without first complying with the Missouri Code of State Regulations Oil and Gas Council Rules 10 CSR 50-2.020.				
AUTHORIZED AGENT SIGNATURE		AUTHORIZED AGENT NAME (PRINT)	TITLE	
NOTARY PUBLIC EMBOSSEY OR RUBBER STAMP SEAL	SUBSCRIBED AND SWORN BEFORE ME, ON THIS			
	day of			
	STATE	COUNTY	MY COMMISSION EXPIRES	
	NOTARY PUBLIC SIGNATURE			
NOTARY PUBLIC NAME (PRINT)				
OBLIGOR'S FAI ANNUAL CERTIFICATION				
I, the undersigned, certify that: <ul style="list-style-type: none">I am authorized to act as the obligor's agent for the submission of this annual bonding report.The FAI and financial institution information on this form is accurate.I agree to ensure this FAI remains in full force and effect until a letter of release is issued from the office of the Missouri state geologist per the provisions of Chapter 259, RSMo, and the Missouri Code of State Regulations Oil and Gas Council Rules 10 CSR 50.				
OBLIGOR SIGNATURE	OBLIGOR NAME (PRINT)	TITLE	DATE	

MO 780-2699 (3-18)

SEND COMPLETED FORM PRIOR TO JANUARY 31 TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES,
MISSOURI GEOLOGICAL SURVEY, GEOLOGICAL SURVEY PROGRAM, PO BOX 280, ROLLA MO 65402
PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: oilandgas@dnr.mo.gov

Form 41: [780-2699](https://www.dnr.mo.gov/forms/780-2699)


O. MDNR Maps




MISSOURI DEPARTMENT OF NATURAL RESOURCES

Division of Environmental Quality Regional Offices


Kansas City Area

 **Kansas City Regional Office**
500 NE Colbern Rd.
Lee's Summit, MO 64086-4710
816-251-0700 FAX: 816-622-7044


St. Louis Area

 **St. Louis Regional Office**
7545 S. Lindbergh, Ste 210
St. Louis, MO 63125
314-416-2960 FAX: 314-416-2970


Northeast Area

 **Northeast Regional Office**
1709 Prospect Drive
Macon, MO 63552-2602
660-385-8000 FAX: 660-385-8090


Southwest Area

 **Southwest Regional Office**
2040 W. Woodland
Springfield, MO 65807-5912
417-891-4300 FAX: 417-891-4399

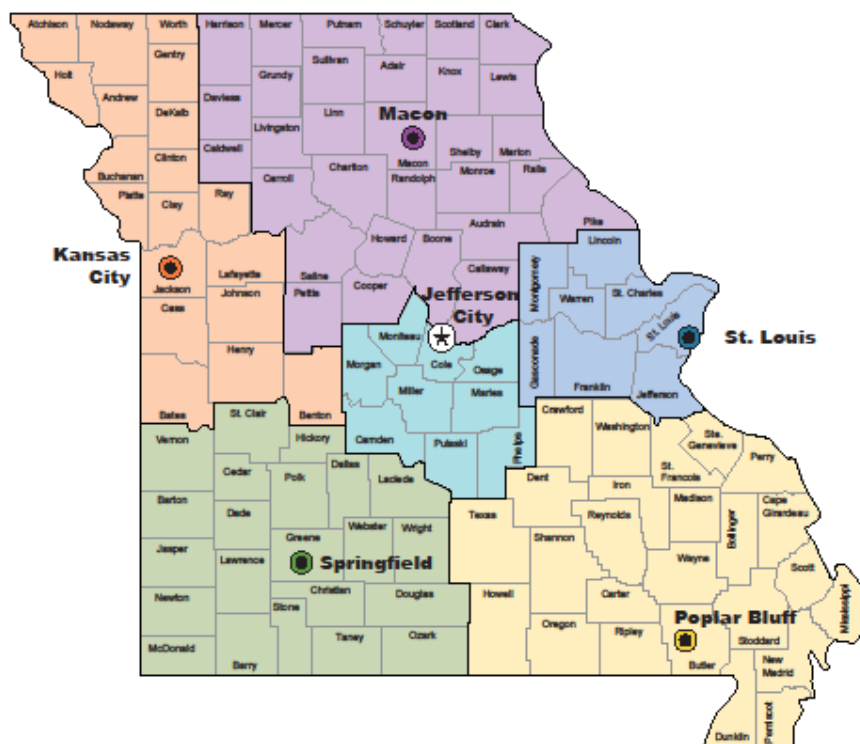
Southeast Area

 **Southeast Regional Office**
2155 North Westwood Blvd.
Poplar Bluff, MO 63901
573-840-9750 FAX: 573-840-9754

Central Area

 **Department Central Offices**
P.O. Box 176
Jefferson City, MO 65102-0176
573-751-3443

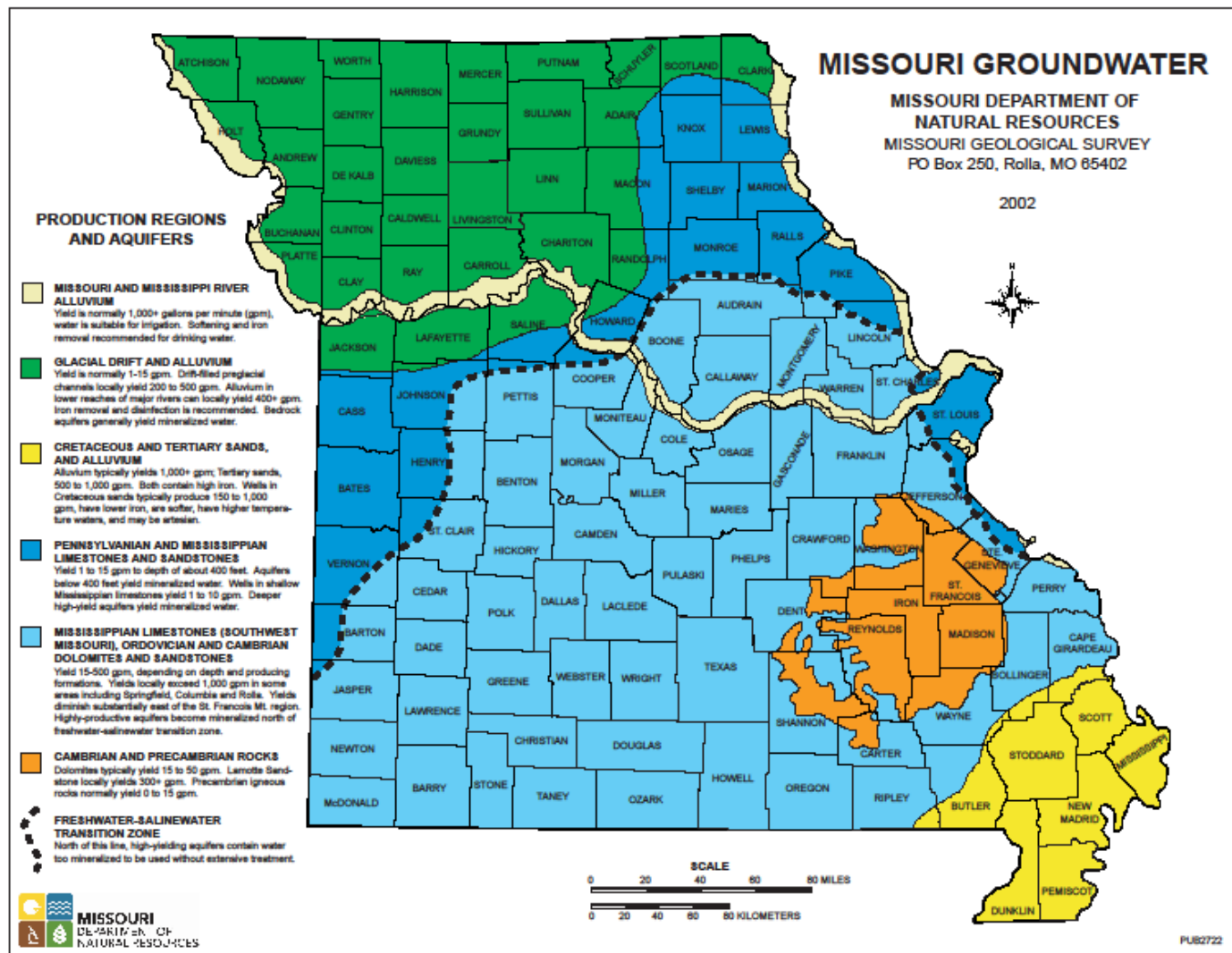
Central Field Operations
P.O. Box 176
Jefferson City, MO 65102-0176
573-522-3322 FAX: 573-522-3522



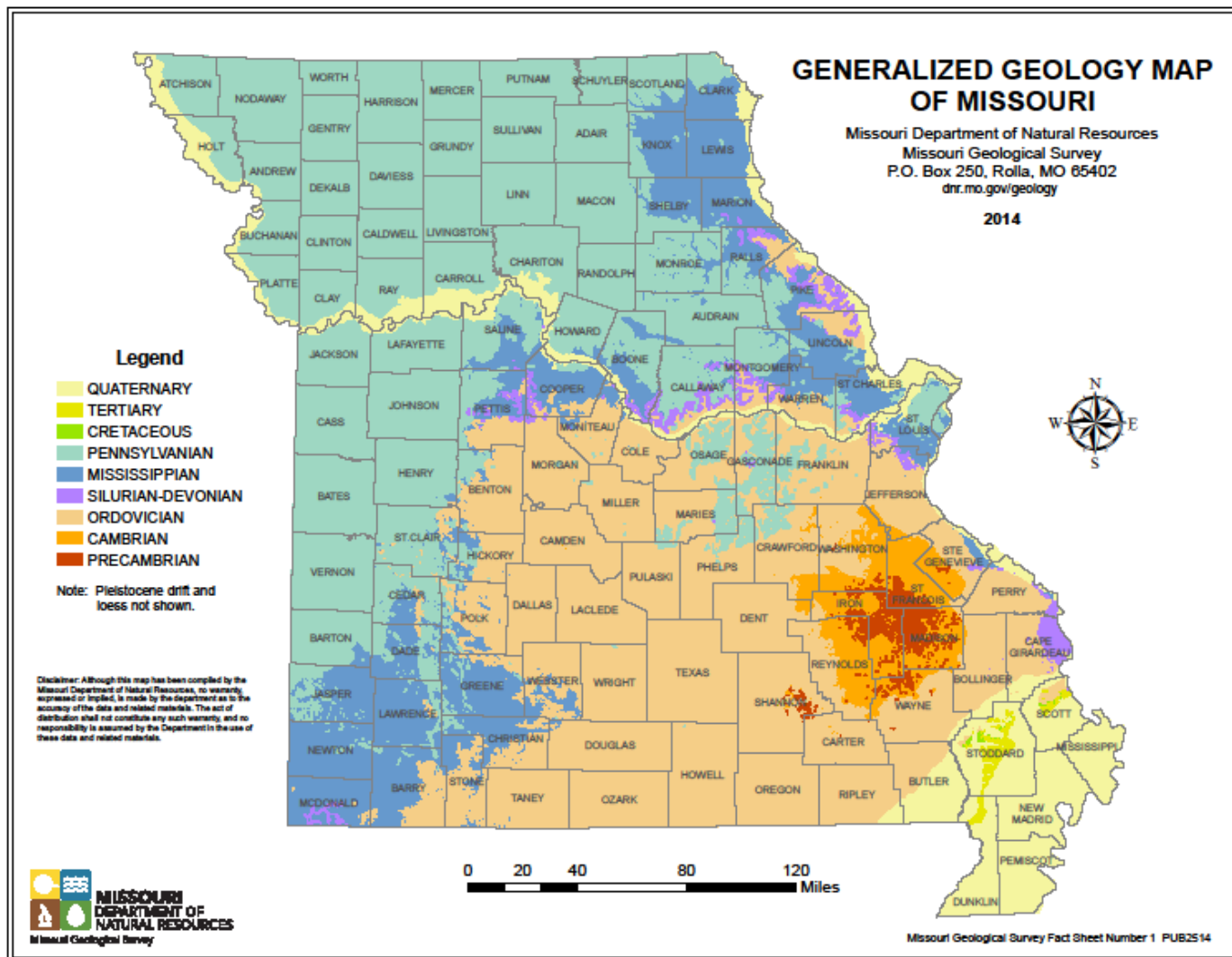
6/25/19

For more information on the department,
visit dnr.mo.gov or call 800-361-4827

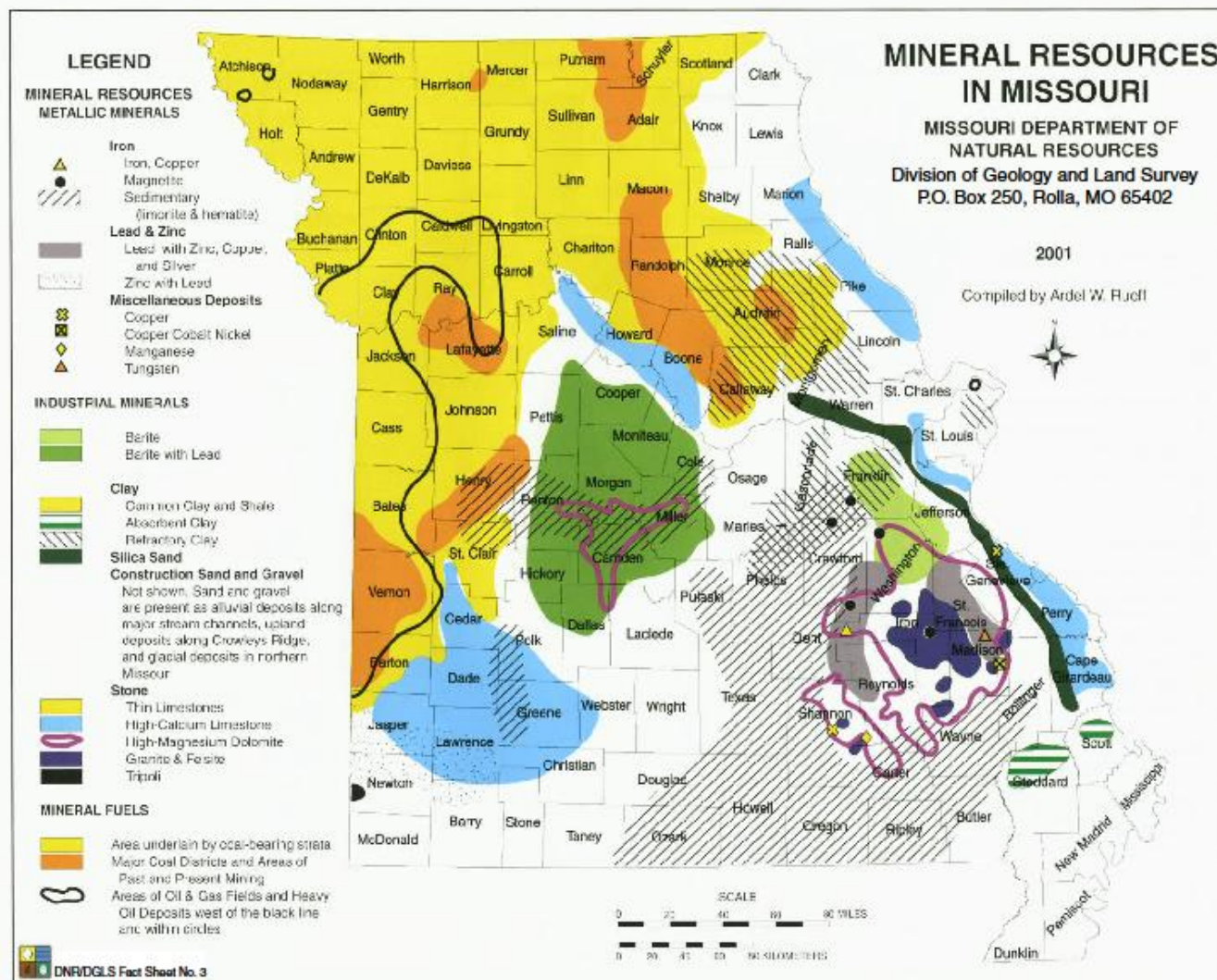
Map 1: [MDNR Regional Offices](#)



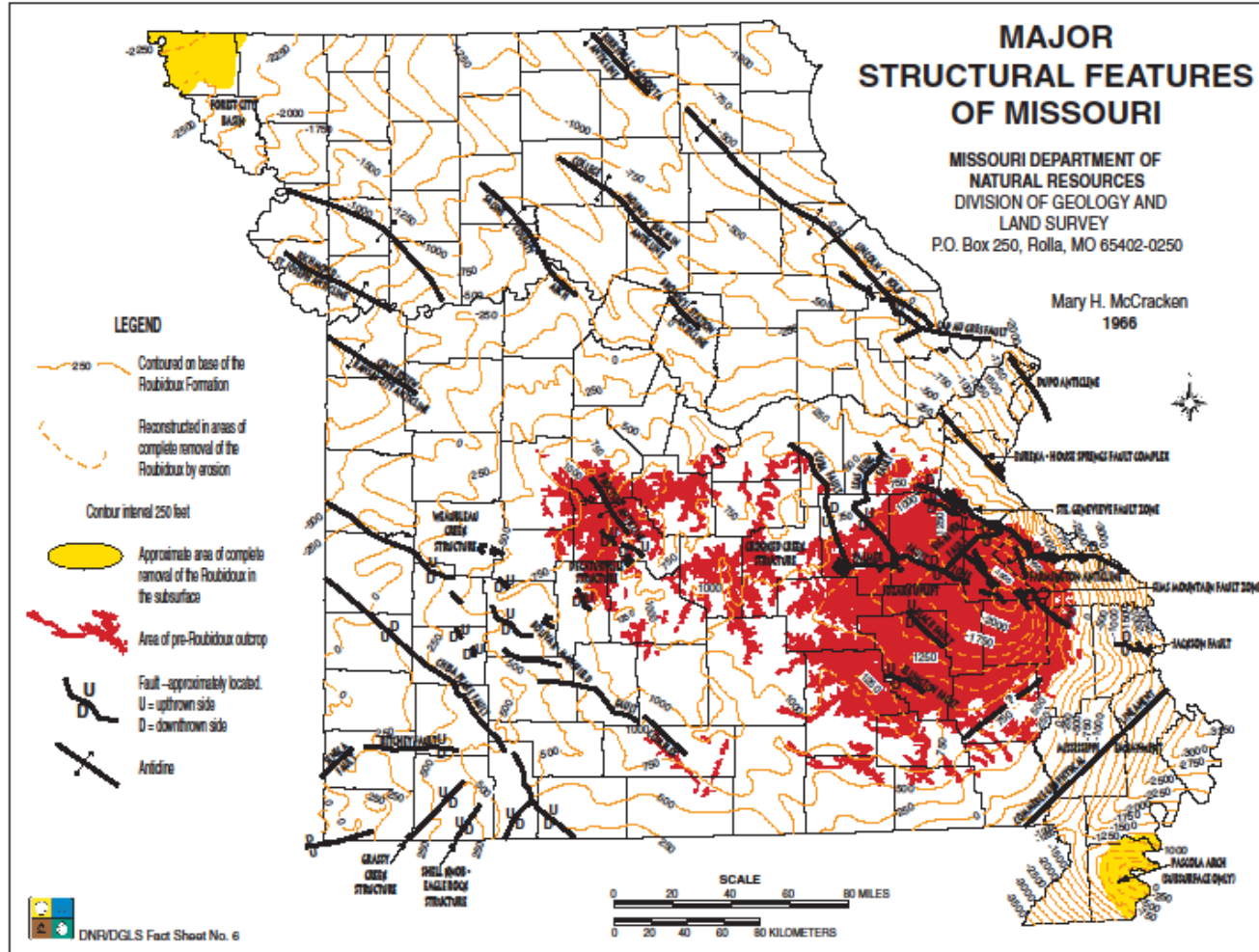
Map 2: [Missouri Groundwater Pub2722](#)



Map 3: [Geologic Map of Missouri Pub2514](#)



Map 4: [Mineral Resources of Missouri FS03](#)



Map 5: [Major Structural Features of Missouri FS06](#)

P. MDNR Report Data Sources: Tables and Figures

Tables and figures generated from MDNR submitted 7520 form data and from files available at <https://dnr.mo.gov/>